

**NURSING AT THE GENERAL HOSPITAL,
BIRMINGHAM.**

1951-1957.

Pat Talbot November 2011

NURSE TRAINING 1951.

Introduction.

I returned to Coventry from Wolvey where I had been an evacuee in November 1945. My ambition was to be a Nurse, I was inspired by the story of Florence Nightingale and had visions of nursing wounded soldiers. Unfortunately I did not have the necessary educational qualifications and my Mother had other ideas about my future career, she wanted me to be a Secretary.

I was 12 years old in 1945. I was sent to the local Council School for Girls where I joined the 2nd year pupils. The Headmistress placed me in the A stream which gave me the opportunity to take the 13+ examination which I passed. This enabled me to spend 2 years at a Commercial Technical School which specialised in shorthand, typing and book-keeping, general subjects and French. This satisfied my Mother as it was the first steps to becoming a Secretary, she was happy to spend money on my School uniform and the required sports equipment. I was pleased to be going to the Commercial School although it wasn't my desired wish to attend a Grammar School. I did reasonably well, had a good grounding in Commercial subjects and left School when I was 16 in 1948 with a leaving certificate. It was not a recognised School certificate only confirmation that I had studied the subjects shown.

I still wanted to be a Nurse but had no encouragement and put that desire 'on hold' Next I went to work at the GEC in Coventry in the Export dept. employed as a Junior shorthand typist/office girl. During my time there I attended evening classes to improve my shorthand speed. After about 6 months I had become quite a proficient typist and had time to dream of my future life, I still wanted to be a Nurse so I became enrolled in the St. John's Ambulance Brigade, GEC Division. I learnt first aid and home nursing and received my certificates of competence. I now had the chance to do some voluntary work on Saturday afternoons and worked for 4 hours in the Children's ward of our local Hospital. I did find this a bit stressful at first but coped alright helping the Nurses with the more mundane jobs. My Mother did not mind me taking up this activity thinking that I might be satisfied about Nursing and continue with my other job and fulfil her ambitions for me. I was still a shy unworldly and very quiet girl I'm sure that she didn't expect me to make any decisions of which she didn't approve about the course of my future career. I did not have the usual social life of the average teenagers in the late 1940's. The nearest I got to a Dance Hall was as a St. John's first aider standing at the side of the Hall watching the others enjoying themselves. I was not jealous and quite happy to watch them instead of joining in, being so very shy. I did not have any casualties to deal with. I did have one other interest, I became a keen Ballet fan and went to the Theatre every time there was a visiting Ballet Company. As time went on my desire to be a Nurse grew stronger. One Friday at work a young wages clerk brought round our wage packets and informed us in my office that she was leaving to start training as a Nurse in The Queen Elizabeth Hospital in Birmingham the following Monday. That statement really sent my mind into over-drive and I made up my mind that I would apply to the same Hospital and hope to achieve my ambition. I had heard of the QE.H. as I had seen a recruitment film at a Nursing exhibition while still at the Council School and liked what I saw.

Without telling my Mother I wrote to the Matron, having found the address in a Nursing magazine and stated my desire to become a Nurse. In a very short time I received a reply and an application form and request for the names of two referees. I wasted no time, gave

the names of my referees as my Office Manager and the Superintendent of the GEC Division, St. John's Ambulance Brigade.

Within a very few weeks I was given a date to attend for interview on 15th August 1950. At this stage I did show my Mother the letter, she did not object but offered no help probably thinking that I was not capable of planning the journey to Edgbaston by myself. I was determined to get there having no idea which bus routes to use once I had reached Birmingham, I just had faith that I would arrive safely.

A couple of weeks before going we were on holiday in Hereford sitting by the River Wye when we met two ladies who came from Birmingham and were talking to my Mother, I mentioned that I had to attend an interview at the QEH and asked them if they knew how to get there. They explained clearly the bus numbers of the route and the stopping places. I memorised them and was able to use that information which was absolutely correct.

The day of the interview arrived, I travelled to the Hospital full of confidence several hours too early during which time I explored Edgbaston. Matron interviewed me asking the usual questions about why did I want to become a Nurse and about my education. There was a medical examination in the Nurses Home

Afterwards I returned home feeling quite optimistic. Every day for the next few weeks I went home during my lunch hour to see if the post had arrived with a letter from the Hospital. Eventually it did, not entirely positive but it did suggest that I apply to the General Hospital in Birmingham, the two Hospitals having recently been United.

I did so straight away and was not disappointed by the reply. Events moved quickly and during the Autumn I went for an interview with the Matron at the General Hospital. That was much more positive. Matron asked me why I had not applied to her before the QEH. I explained that I had not heard of the General Hospital and she seemed to accept my explanation. She did offer me a place in the next intake of students on 1st January 1951 but warned me that I would have to work very hard to keep up with the other girls who mostly had their School certificates. I had no worries about my education feeling very confident that I would manage O.K. and extremely pleased that I had been accepted so soon.

Within a week or so I did receive more information about starting nurse training and a list of items to be bought and taken with me. My Mother still did not object but warned me that I would find the work and training too hard and that I would give up after a short time, she even bought me a new dressing gown which was on the list of requirements as a Christmas present and the 12 white handkerchiefs also listed. I was given a new handbag by my colleagues at the GEC. who wished me luck and gave me their good wishes. Although I was still the shy quiet little girl and very young for my age of 17 years I was confident that this would not be a disability as I had such a strong ambition that I would be able to cope with any problems of communication that arose and that I had a deep interest in the subjects that I would be studying.

Leaving Home.

On that very important day of my life on the 1st January I left home in Coventry around lunch time to travel to Birmingham in the hope of fulfilling my dream career..

The weather had been very cold with snow and ice but it began to thaw on that day and the snow was becoming slushy making walking with a suitcase a bit difficult.

I was travelling alone very conscious of setting out on an adventure.

I caught the local bus into the Coventry Bus station and then changed to the Midland Red bus which took me to Birmingham arriving in the Bull Ring about mid afternoon.

I then had to walk to the top of Steelhouse Lane to catch a tram to Erdington where our Preliminary Training (PTS) was situated.. I knew the General Hospital was also in

Steelhouse Lane but it was at the bottom end so I walked all the way up Corporation St. turned left into Steelhouse Lane past the General Hospital and up the hill to the top end to the tram terminus not realising that I could have taken a shorter journey by walking along Bull St. straight to the top end of Steelhouse Lane. My suitcase seemed very heavy and I was afraid to rest it down on the pavement due to the dirty slushy snow.

It was only a medium sized suitcase in which was packed items such as a few changes of underwear and several items that were listed by the Hospital authorities that I was to buy before arrival such as black stockings, black regulation lace up shoes,¹² plain white handkerchiefs named, white hairgrips and a dressing gown, and toiletries. The only other clothes were those that I was travelling in that day. The journey on the tram to Erdington was a new experience for me. It was crowded and there was no place for my suitcase so it had to be placed partly by my feet and sticking out into the gangway to the inconvenience of other people. The trams were narrower than the buses making it more difficult to move about when one wanted to get off at a tram stop and they were very noisy and seemed to sway about from side to side when on the move. The journey was interesting through Aston, past factories and courtyards of back to back houses which were new to me. During the journey I smelt HP Sauce as we passed the factory and the smell of Ansells Brewery a short time later. It seemed a long ride and I was anxious that I would not miss the stop for the Hospital which was called Jaffrey Hospital. Having no knowledge of it's appearance I got off outside a large red brick building which looked like a Hospital which I soon noticed was called Highcroft Hospital a large Victorian Psychiatric Establishment, not my destination but fortunately it was the right tram stop for Jaffrey Hospital which was across the road and then a short walk. I had by then noticed that another girl had alighted at the same stop and also carried a suitcase. We spoke to each other and realised that we were going to the same place so walked together. She was a Birmingham girl from Small Heath but had made the same mistake as I had, thinking Highcroft was our destination. I don't remember her name as she dropped out of training quite early during our first year.

As we approached Jaffrey Hospital it appeared at first to be a large dark gloomy old house set behind a drive lined each side by tall evergreen bushes, probably Laurels if I remember rightly. The light was fading and in the dusk the place seemed at first a bit sinister and I was glad that I had a companion. We rang the bell and were greeted by the Home Sister a tall middle aged lady who was formal but not frightening, she was the person who was responsible for our welfare for the next 3 months.

We were shown to our rooms, mine was in the old part of the house which I was to share with another girl named Peggy. It was very sparsely furnished with two old fashioned iron bedsteads which had been used in the Hospital, one at each side of the room. They had been made up for us Hospital fashion with regulation envelope corners. There was also, I think, a chest of drawers and a couple of chairs. I'm not sure about a wardrobe. There were bare floor boards with two small bedside mats.

Peggy had already arrived and was unpacking her suitcase. We introduced ourselves, I discovered that she came from Malvern. There wasn't time to talk as we were to meet in the dining room. There was nowhere to have a wash and brush up in the room before our meal. Later we discovered there were a row of wash basins along the corridor separated from each other by curtains. Only one bathroom and one separate toilet.

We arrived about tea time, I can't remember what we had to eat for that first meal but it would not have been a very substantial. We were more interested in discovering who we were going to be living with for the next four years. There were 19 of us, from different parts of the Midlands and three foreigners, two Germans and one Dutch girl. I discovered that most of the girls would be sleeping in a dormitory down stairs which had been a Ward and was divided into cubicles with even less furnishing than in my room. The building,

which in the fading daylight, I thought was just an old house did have two Hospital wards built on each side of it, they had been used for patients during the war years, one used as a dormitory and the other one the classroom. When we had finished our meal we were instructed to meet in the classroom about 7-0pm.

There we met our two Sister Tutors, Sister Thorpe who would be teaching Anatomy and Physiology and Sister Barrett who was responsible for teaching us to be good nurses. Prior to assembling in the classroom we were given our temporary uniforms which were rather shapeless green cotton dresses with short sleeves and belts of the same fabric, these we wore as we met together.

The classroom was a Hospital ward so it was long and wide. The farthest end was furnished with desks set in rows and a tall narrow cupboard which held the skeleton named 'Jimmy' and a box of separate bones to be used for anatomy lessons. The other end of the room was used for practical nursing lessons furnished with a bed containing a life size model of a female patient lying in it and I seem to remember that there was also another hospital bed next to it. Our dummy patient was given a name and I think she was called Mrs Brown, we were expected to call her by her full title.

As we assembled we were told where to sit at our desks more or less in alphabetical order, as my surname was Dawson I was sat next to Lorna Dean to the right of me and Mary Ducrow to the left, we were expected to keep to these positions.

We first had a lot of form filling to do and were then shown how to fold our caps and wear them correctly using three white hair grips to keep them securely in place.

We then learnt about the time table of lectures which were to begin early the next morning and the rules and regulations of living together in Jaffray Hospital.

That took up about two hours then we were free for the rest of the evening.

Lorna Dean had previously been a Nursery nurse in Nottingham and Mary Ducrow a librarian in the Birmingham University Medical School, she went on to greater heights. After qualifying as a nurse and then a Ward Sister, she became a Doctor and then a Consultant Anaesthetist years later. It was obvious from our earliest days that she was clever but very modest about her achievements

We started work early after breakfast which I think was at 7.0am. We were employed to work 48 hours a week with one and a half days off and the hours of studying in PTS followed the same hours, therefore we must have started in the classroom at 7.30am the same as in the Hospital, but I can't be sure of that, it certainly seemed a long day. In the class room we again met our tutors. Sister Barrett was a very pleasant kind caring lady who never raised her voice and was a wonderful role model as a perfect Nurse. Sister Thorpe appeared at first to be rather stern and was to be respected but was also very fair and could be quite friendly in a restrained way. It was known that she had been an Army Nurse during WW2 and it was rumoured that she had been decorated for bravery when rescuing her patients in a tented Hospital which caught fire. When one rather forward Nurse asked her about it, Sister Thorpe neither denied it or confirmed it just blushed a little and brushed aside the subject.

The first week of nursing lectures were all about cleaning the Ward and equipment, patients were hardly mentioned. It was explained to us that as we became senior nurses we would not be able to supervise cleaning if we had not learnt about how to do it correctly. I still have my Nursing lecture note book proving that we did not learn anything about Patients until the 9th January when we were taught how to admit patients to Hospital.

Apart from the paperwork which was needed to admit a patient I think it is worth copying down some of my notes about communication with patient and relatives –

'As the patient is our guest everything must be done to add to his comfort and get his cooperation. Always greet the patient with a smile and continue to be bright and cheerful throughout his stay in the Hospital. Any mental worries can be overcome by a chat to the patient and books and magazines should be provided. Introduce a new patient to the patients in the next beds and tell him a bit about the ward and routine. If possible try to answer any questions the patient may ask.

Treat relatives with patience and understanding and assure them that the patient will be in good hands. Before the relatives see the patient make sure that he is comfortable and gives the relatives a good impression. Always smile and be bright and cheerful when talking to them.'

These words perfectly illustrate Sister Barrett's ethos of the profession of Nursing.

The anatomy and physiology lectures were hard work. There was a lot of detail to remember about the skeleton apart from the names of the bones, I did not realise how many knobs and hollows there were which all had to be learnt. We spent a lot of time handling the separate bones which were real and not an artificial made man product and we had to know all about the joints and the way they worked. At the end of each week we had a test which was marked by Sister Thorpe. I did manage to keep up with the other girls and my lower educational achievements did not hold me back as I was so interested in the subjects and worked hard spending the evenings writing up the notes from the days lectures. There were also Hygiene lectures which were only briefly about personal hygiene and more about water and sewage systems, ventilation and heating. We learnt that the General Hospital had 'state of the art' ventilation called the Plenum system which was installed during the rebuilding of the Hospital in the late Victorian period. Air was filtered in the basement of the Hospital and delivered through vents in the walls of the wards. The windows were made never to be opened as they would have let in the bad air from the Industrial environment. At the same time it was warmed and the temperature kept at an even level checked daily by an engineer. During our first few days we were sent into town to buy our text books, three of them to cover the main subjects, at one of the two main booksellers in New Street.

During that first week an unfortunate incident happened to me. I had been suffering from a heavy cold several weeks before leaving home and it had almost gone by the time I left but it must have been triggered off again by the stress of starting a new life away from home. One morning I was standing at the wash basin which was in a row of about six basins divided into curtained cubicles and I fainted falling sideways into the next cubicle and falling against the very surprised girl who was also having a wash. in her cubicle. The next thing I knew was that I was back in my room, in bed and the Home Sister fussing over me and taking my temperature. The result was that I was sent to the Nurses Sick Bay which was situated in a side ward off one of the main wards in the General Hospital. There I stayed for three days bed rest and was cared for by the Nursing staff and actually visited by a Consultant Physician who declared me fit for work again. I did not feel particularly ill and felt a bit of a fraud and worried about missing lectures and having to write up the notes that I had missed. Any Nurse who was not well went into Sick Bay and was not left on her own to recover in her room. I'm happy to say that was the only time that I spent in Sick Bay during my three years as a student nurse.

After that first week my room mate Peggy asked to be moved down into the communal dormitory as the girls had more fun there and we didn't actually have anything in common

together. I was quite happy for her to go as I preferred to be by myself, it was easier for me to study alone. The girls in the dormitory did so much talking and socialising together that they had little time to study or revise for the weekly tests, it was common for them to try and catch up through the night before, therefore losing sleep and not being at their best on the day of tests or exams.

During that first week we were taken to visit the Hospital Laundry where the supervisor explained about what happens to the Hospital washing. She also encouraged us to send our own personal laundry with our uniforms 'to give her girls something more interesting to iron' as they got tired of always ironing uniforms and Hospital linen. As our laundry facilities were almost non-existent in our rooms we did send some personal items but as we were mostly in uniform we were not in need of much help from the ladies of the Laundry. One of the rules which were instilled into our minds was that we were never to call each other by our Christian names when on duty so it became quite common to be called by our friends and colleagues using our surnames, so I was Dawson, hardly ever Pat except by my close friend Lorna Dean.

Gradually life settled into a routine. We were fed well with four meals a day but we had to make our ration of butter and sugar last the whole week as the nation as a whole was still on wartime rationing. We carried round our two small plastic pots which we kept in our rooms, one each for butter and sugar and took them to the dining room for each mealtime. During those meal times when we all sat at a long table together I got to know more about my fellow students. The two Germans and one Dutch girl had war stories to tell. One girl named Gundula came from East Germany and had horrific stories to tell of her escape with her family from the Russian occupied part of the country which kept us spellbound about her journey to the West told in such graphic detail and in an emotional manner.

At the weekend which started for us from 1-30pm. on Saturday we could choose to go home if we did not have too far to travel. I can't remember for sure whether I went but probably did so. I don't think my Mother was particularly overjoyed to see me back so soon but she did expect me to pay 5 shillings for one night at home as board and lodgings, I did not go home every weekend.

That first week set the pattern for the first three months of the year.. At sometime in the early weeks we were measured for our proper uniforms. This was done by the ladies of the Linen Room which was situated in the General Hospital. When ever we needed to travel into town to the General as a group we were transported in a converted ambulance There were long wooden seats constructed facing each other in the interior of the ambulance, which gave us rather a bumpy ride to the Hospital.

Every day we had Anatomy and Physiology lectures covering all the systems of the body in great detail and some Bacteriology. There were lots of diagrams to be drawn neatly which took up quite a long time in the evenings and many long unfamiliar words to learn. The Hygiene lectures were comparatively easy and we had an afternoon out to visit a Sewage works on a cold January day.

I most of all enjoyed the Nursing lectures and the practical. Our first real nursing lecture apart from how to admit a patient , was blanket bathing. which was described in minute detail. It was amazing how many articles were needed to lay up the trolley for the procedure, 31 and they all had to be memorised. We were told that this was necessary so that we didn't have to keep leaving the patient to fetch something that we had forgotten and waste precious time.

That was followed by the prevention of bed sores, which was very important as many of the patients were confined to bed for long periods.

Practical lessons included a lot of bed making practice. We first had a demonstration by Sister Barrett with one of the students, two nurses were always needed and we were taught to work together on each side of the bed and develop a rhythm similar to two Ballet dancers which was the way she described the movements. She caused us some amusement as she exaggerated her movement as a dancer. For a few weeks after breakfast we took it in turns, in pairs, to make all the PTS nursing students' beds in the dormitory and rooms to build up our technique and speed. All beds had envelope corners for the bed clothes and the top sheet had to be turned over to a depth of 18 inches at the top, as far as I can remember. We were also taught the correct use of the red rubber protective under sheets and how and why drawsheets were used. We then progressed to more complicated bed making, methods used according to the patients illnesses or injuries eg. Fracture beds, amputation beds and beds for people with severe breathing problems etc. there were quite a lot of variations. Bed making over bed cradles, which were used to keep the weight of the blankets from painful legs and feet were difficult to make as the end result still looked untidy due to the hump under the bed clothes made by the bed cradles.

We also had to fit in First Aid lectures and had practical lessons on how to make special bandages which required us to be able to sew neatly to gain extra marks for the finished product. A many tailed bandage was used for abdominal wounds which was made from cotton flannelette and could be used several times over. Five strips were sewn onto a piece of 10" flannelette for the back leaving 'tails' each side to be formed over the patients abdomen to cover a dressing. This required some knowledge of needlework with stitches such as feather and faggot stitching, fortunately we had all learnt needlework at School. We also had to pad and cover a splint with white cotton material and stitch it neatly. The padding used was tow, a rough brown fibrous material which felt harsh to handle, it felt a bit like sacking made of similar fibres. This splint padding was also marked for neatness There was also a lot of time spent practising bandaging using cotton bandages which were not disposable. Bandages were washed and re-rolled on a bandage winder, a small frame with two metal cross pieces and a handle for winding at the side.

Our nursing lectures and practical sessions continued interspersed with anatomy and physiology. We learnt about mouth care and how to treat verminous heads. All treatments and procedures needed a trolley to be set up with all the necessary lotions and equipment., the lists having to be memorised.

On 23rd January we had progressed to taking patients observations, temperatures, pulse and respiration rates. We were not taught how to take patients blood pressures as it was not considered at that time to be a nursing duty, medical students did those.

At the end of January we received our first salary. We were paid £200 for the first year. Board and lodgings were deducted at source so we actually received £7-00 and a few pence at the end of the month. I thought I was rich, never having that much money to spend on myself as I used to give most of my earnings from my last job to my Mother. That £7 had to last for the whole of the next month and I managed that without difficulty, all I needed was new black stockings and the occasional visit home at weekends. We had plenty of food to eat, four meals a day and did not need to buy extra snacks. On one occasion I did indulge in a whole Mars bar all for myself after which I was very sick and never eaten one again.

By the beginning of February we were let loose on the wards for one afternoon a week, each one of us allocated to a different ward. I cannot remember where I went but I seem to remember it was a female ward. We were very obvious as the very lowest members of the nursing staff wearing our temporary green uniforms and were known by the staff as the

'Lambs'. We followed around the most junior nurses and were shown the basic work. We were not harassed but treated with some condescension. We could help make up empty beds after cleaning them and help with the patients teas before we went for our own meal in the Nurses dining room. Tea time was afternoon tea about 4-0pm. which consisted of bread butter and jam followed by cake and a cup of tea for patients and staff. In the nurses dining room we each had a Kunzle's cake which I thought was very lavish having never before seen such a wonderful chocolate cup cake. By the time I had been on the wards full time for a few months I was fed up with them and found them to over sweet and rather sickly. The length of our first ward duties was only about two to three hours then it was back to Jaffray Hospital in our bumpy ambulance. The rest of the week lectures and more practicals and tests..

According to my nursing note book on the 1st February we learnt all about the types of haemorrhage and the medical names of every type and source of bleeding. To this day I still call a nose bleed an epistaxis, I misspent that word in my notes and had to write it out three times.

We were taught the signs and symptoms of internal bleeding, the causes, classifications and treatments.

The next week the uses of disinfectants including Carbolic acid, Lysol and Dettol and how to dilute them from stock solutions using a formula which we had to memorise.

It was necessary to know the Latin names of medicines and the instructions as written by the doctors on prescription forms usually as abbreviations e.g.-

bd – twice a day.

tds – three times a day.

nocte – at night.

We learnt the apothecaries weights and measures systems and their abbreviations.

I diligently wrote up my notes and had favourable comments from Sister Barrett who marked them

The third week we learnt about enemas. It was very rare for anyone as an in-patient to get away without having an enema at least once during their stay in Hospital, therefore a thorough knowledge of the uses, administration and reasons for giving them was very important. Most common was the soap and water enema used pre-operatively and for stubborn cases of constipation

When reading through my old notes I was shocked to be reminded of two particular ones which today sound dangerous. One was a solution of turpentine and the other a purified solution of ox bile which were used to relieve abdominal distension and flatulence .I never heard of either of those being used during my three years of training. Other less drastic enemas were olive oil- quite mild, normal saline to replace body fluid and magnesium sulphate to reduce fluid in the body.

Some of the more harsh treatments were still taught as they were still on the curriculum but hardly ever used.

Other examples of out of date treatments was poultices and fomentations. These came under the heading of counter irritants which were superficial irritants to relieve the deeper ones. The most commonly used was kaolin a thick substance which was spread onto to lint and heated and then applied to the affected area. Less common, were linseed, bread, mustard and starch. It was necessary to know how to make them and apply them safely, it was very easy to burn the patient's skin, we were taught to test them on our own forearms. Fomentations were used for the same irritant purposes, several layers of lint were soaked in hot water, wrung out and applied in the same way as poultices.

By the end of February we were learning about the preparation of patients for Surgery both physically and mentally. There was a lengthy procedure of skin preparation of the site of the operation the day prior to surgery.

Surgical operations were less safe in those days. My notes on the first of seven pages of instructions stated 'that an operation is an interference of body structures by a surgeon' They also stated that although the patient was anaesthetised and didn't feel pain the body still felt it, therefore there was a risk of surgical shock after any operation to a greater or lesser degree

There were lots of notes written about the theory but more about that later when I put it into practice on the wards.

We then went onto sources of infection in a surgical wards and methods of sterilisation These subjects were taught in the first week of March then for the rest of the month it was revision and end of P.T.S. tests.

Meanwhile the anatomy and physiology lectures continued relentlessly, I struggled with the endocrine and nervous systems and marvelled at the work done by the liver and kidneys. Those lectures finished about the same time as the nursing so there was plenty of time for revising the copious notes.

I did have a few breaks at the weekends when I went out with my friend Lorna. We sometimes went into town window shopping and one weekend I visited her home in Nottingham which I enjoyed and experienced a different kind of life style from my own in a large family living in a terrace house. While there we visited Nottingham Castle during an open day. One Sunday evening I went with her to the local Baptist church in Erdington and witnessed a total immersion baptism of two or three members of the congregation, that was quite new to me.

There was during mid term P.T.S. an opportunity to see the film 'Florence Nightingale' starring Anna Neagle. The whole class had the afternoon off to travel into town on the tram to visit the cinema where it was being shown which we all enjoyed and found inspiring. As I was not yet doing any real nursing my Mother didn't expect me to give up just yet but waited patiently for the time when I was working on my first wards, unfortunately for her it didn't happen, I was determined to finish my training. She didn't mention her disappointment until I was well into my second year and realised that I wasn't going to give up. She didn't grumble much to me but my sister Janice was often told how she had wasted the money that she spent kitting me out for the Commercial School and even mentioned to me many years later how she begrudged the money spent buying a Hockey stick for me as requested by the School which I didn't really want not being a sporty person, it lay virtually unused back at home, I don't know what happened to it.

At the end of March we had our exams. I had no trouble with them and as far as I remember we all passed, they were not as important as the later one at the end of the first year when we took the Preliminary state examination, we needed to pass that before we could progress to the next two years. It was at that time we lost a few of our fellow students but I don't remember who they were.

We also received our new proper uniforms and felt at last more like real nurses. The weather had become warmer so we all dressed up in them and had a group photograph including Sister Thorpe and Sister Barratt. It was taken outside in the grounds of Jaffray Hospital, here is the photo. -



P.T.S March 1951. Sister Barrett front kneeling, Sister Thorpe standing behind her. I am front left next to Lorna.

I seem to remember that at the end of P.T.S. we were all taken to the General Hospital to be interviewed by the Senior Tutor, Sister Cooper who was to be responsible for the rest of our training until we took our final examinations. She was a pleasant friendly intelligent lady who I liked from the time that I first met her

It was explained to me that as I was of such small stature it was decided that I would be allocated to the Children's ward as it was thought that I would not be able to manage the lifting of heavy patients at first. I was mildly annoyed by that decision as I felt confident that I could cope with adults. Anyway there was no appeal against any ward allocation, we did as we were told as allocations were planned to cover every speciality as far as possible according to circumstances.

Lorna and I were very excited about receiving our new uniforms. During the weekend after P.T.S. we went into town taking with us our full uniforms to visit the Polyphoto. Shop. Polyphotos were a set of 48 proofs taken rapidly in different poses, the best ones could then be enlarged and framed, unfortunately we could not afford to do that.

We changed into our uniforms in the shop's changing room as we were forbidden to wear them away from the Hospital premises for hygienic reasons.

The photograph shown here is one of them.



The Move to the General Hospital.

At the beginning of April 1951 we moved to the General. Our luggage taken by the Hospital transport. We were all a little apprehensive especially those allocated to wards with a reputation of being very busy with strict and rigorous Sisters and bullying staff nurses who were not kind to new student nurses.

Apart from the Sister in charge there was only one trained staff nurse on each ward, most of the work was done by the students at various levels of experience.

The staff nurse was newly qualified and working her 4th year learning ward management which was compulsory. The Hospital badge was not awarded until that year had been completed.

We were housed in the old nurses home which adjoined the Hospital and given our own rooms. The facilities were as basic as the Jaffray Hospital except that we did have our own wash basins in our own rooms. There was one bathroom to each floor, that was probably for about 10-12 of us. I can't remember the exact number as I didn't count them and I don't remember any more than one toilet to each floor.

There was a lounge quite comfortably furnished on the ground floor with plenty of easy chairs and a television. Also on the ground floor was Home Sister's office. She was responsible for our health and welfare, if we felt unwell we reported to her and she would take the appropriate action.

Access to the Hospital was gained through a wonderful Victorian conservatory which I am glad to say has been preserved to this day even after the many changes in the Hospital building.

I started work on Monday morning on Ward 24 which was for very young children up to the age of 5 years old. It was situated behind the main Hospital and made of pre-fabricated materials one of several wards including the Casualty Dept. built during the 1930's as the Hospital was expanding.

Access to these wards was along a draughty walkway which was enclosed with windows each side but unheated. The walkway was connected to the ground floor corridor of the main Hospital. We were very glad of our cosy blue capes which were issued as part of our uniform.

On the day that we started work we were awoken very early about 6-30am. by one of the night staff. Breakfast was at 7-0am which consisted of porridge or cereals, egg and bacon, toast and tea. It was at this time that any changes in ward allocations were announced. We started work at 7-30am. giving half an hour for hand over from the night staff who left at 8-0am. I arrived on ward 24 feeling rather nervous and introduced myself to Sister. She had

little to say to me apart from acknowledging my presence and passed me on to one of the junior staff who was instructed to show me my duties.

The ward consisted mainly of glass cubicles containing one or two cots, the babies were nursed in those and a few toddlers who needed isolation. At the far end was a larger room with about eight cots, no beds. Every child was mostly confined to their cots for most of the day and seemed rather subdued, I felt quite sorry for them.

The staff nurse was not the bullying type but quietly spoken and a little reserved but efficient. The rest of the staff were second and third year students who were all friendly.. I don't remember many details of those first days but it was soon apparent that my main responsibility was to be the 'nit nurse'. Every morning I would treat every child who was admitted with head lice which had been quickly eradicated with sassafras oil. The nits which were left took much longer to remove, it was my job to apply vinegar to the heads of these children every morning and use a toothcomb to remove the loose ones.

The children were remarkably co-operative, nobody cried and I had no trouble dealing with them. I do remember a particular day when I had been working there several weeks when I was trusted to do a sassafras compress on a new child who was badly infested with lice. We had learned in detail in P.T.S. how to safely apply that compress. During the evening I started this rather drastic treatment by applying Vaseline on the skin around the hairline to prevent any skin reaction and then applied the sassafras oil soaking the hair. Next the head had to be bandaged in a particular way with a capeline bandage using two roller bandages which were joined together at the ends, one being used round the head and the other backwards and forwards incorporating it into the bandage which went round the head.

When completed it formed a sort of close fitting cap. All went well, I felt confident that I knew what I was doing and the child was very good and sat still for me. I did notice that a couple of third year nurses were looking rather anxiously through the glass partitions at how I was coping but said nothing to me. I was very pleased when seeing the child next morning that the bandage was still in place and there were no adverse re-actions to the skin and that the lice were dead when the bandage was removed and her hair washed.

The rest of the work was routine, potties after meal times cleaning the sluice room and dealing with the dirty linen. I don't remember at any time that we actually played with the children which looking back now seems to me as being a serious omission in the routine. The children had no visitors not even their parents.

It was believed at the time by the senior nursing and medical staff that it was better for the child to be left by the Mother on admission and not to see her again until they were discharged from Hospital as it was thought that the child would be upset every day if the parent visited. so it was better not to see them at all. I thought this was very cruel. No wonder the children were subdued. I hated the time when the mother brought the child into hospital and left him or her screaming in the cot, it brought back memories of an experience of my own when my mother had to leave me with relatives in a strange place, the screaming made me shudder and I felt like crying with them. The nursing staff did try to calm them down which the children did eventually through exhaustion.

There were a few children that I do remember, a little boy who thought his mother's green iron tablets were Smarties and swallowed a large quantity of them which caused severe bleeding from his stomach and eventually caused scarring of the stomach lining and a condition called pyloric stenosis when he had severe projectile vomiting. He needed an operation to open up the constricted part of his stomach, the poor boy was in Hospital for most of the time I worked on that ward.

Another child I remember was a little gipsy girl whose clothes had caught fire and she was badly burned. I had nothing to do with her and I believe that she was transferred to the

Burns Unit at the Accident Hospital after a few days, our facilities were not adequate for such a badly burned child but I do remember seeing her through the glass partitions. One little boy was a haemophiliac and was used to being in hospital, he was admitted due to bleeding into his knee joint after a fall. In spite of his painful knee he was relatively happy. I had nothing to do with the babies not even sitting and feeding them, that was the job of the more senior student nurses. I did not learn anything of any use about paediatrics except how to deal with dirty heads.

I spent three months on that ward leaving in June.

About a year after I left the children were transferred to the Birmingham Children's Hospital and the ward was closed. Thereafter all students were seconded to that hospital for three months paediatrics experience which was a compulsory part of the training programme.

At the end of that period we had an interview with Matron to discuss our progress. Matron seemed satisfied by my ward report and did read out just one sentence from it. The ward sister commented that I was 'kind to the little children' We were not shown our reports.

My set, meaning my P.T.S. group were then due for 2 weeks holiday

Lorna and I went on holiday together for one week to Lynton and Lynmouth, N. Devon which is still my favourite holiday destination in England. The second week I went home to Coventry .



This is me in the yard outside Ward 24, a rare occasion when time was allowed outside in the warm sunshine. The little boy on the horse is the one with haemophilia.

Following my two weeks holiday I returned to the General Hospital and was allocated to ward 14 which was a gynaecology ward. I was relieved by the news as I had no worries about working there as the Sister had a good reputation among the student nurses. She was jolly, 'a larger than life character' who had been in the army. There was a photograph of her with a group of army officers hanging on the wall of her office looking very smart in her military nurse's uniform. We got on well from the first day that I met her.

This was not a particularly heavy ward, in the sense that there was not much lifting of very ill patients. Many of the women were in their 30's and 40's and had been admitted for elective surgery such as hysterectomies and plastic repairs for prolapses.. There were a few emergency patients, young women who had septic abortions following visits to 'back-street' abortionists, abortions were still illegal at that time. There were also women with heavy bleeding and threatened abortions. I learnt a lot about life during the three months that I worked on that ward and nothing surprised me.

We did sometimes have emergency orthopaedic patients when we had available beds. One particular patient was an elderly lady with a fractured femur, that I remember as I shall mention later.

My duties as the most junior nurse were at first of a more general nature. I spent a lot of time carrying bed pans to and fro from the sluice room, sluicing blood stained linen and keeping that room clean and tidy There was the bed making, helping with meals, cleaning and sterilising instruments and cleaning the steriliser at the end of the morning before dinners were served and after the dressings and treatments had been completed.

The women stayed in bed for much of the time especially after their operations. Those who had plastic repairs wanted to wee very frequently for the first few days until their 'waterworks' returned to near normal which meant that I was continually running up and down the ward carrying bedpans which severely tested my patience. I never refused to fetch one as I knew that the patient was in urgent need and I felt sorry for her and the women were always apologetic. Sometimes I felt very frustrated when I had just given a bedpan to a woman and removed it then she wanted it again only a few minutes later. On one occasion to relieve my frustration I stamped on the pedal of the bedpan washer too hard and broke the mechanism which operated it which meant that I had to manually hold the front cover closed as I would have been soaked with an outward jet of water, fortunately there was another washer. When I reported the damage to Sister she treated the news in a nonchalant manner, didn't chastise me and made arrangements for its repair. It was soon noticed by the patients that I never showed any annoyance when they repeatedly requested bedpans so naturally I was the nurse they chose .

Sister was very good at teaching her speciality and was keen to include me in her teaching sessions. Although gynaecology was not a subject taught to student nurses until their third year, organisation of practical experience and theoretical lectures could not be co-ordinated at the same time due to the limitations of staffing all wards so I had experience at a very early stage in my training.

We were all given the opportunity to observe gynaecological operations in progress so I had one afternoon in Theatre to watch the surgeon working. I had heard stories about young nurses and medical students fainting when watching the first operation being performed, most of them were untrue. I was a bit apprehensive at first but I needn't have worried the atmosphere in theatre was relaxed and informal with surgeons and theatre staff

chatting in a good natured manner and working steadily and confidently. The patient was completely covered with green sterile sheets, her face only visible to the anaesthetist who was constantly monitoring her general condition. I could not see much of the site of the operation as my vision was obscured by the surgeons hands and instruments and I had difficulty identifying any parts of the abdominal structures as I had to stand back behind the surgical team. The experience was not wasted, I saw how the theatre staff worked together, I did not faint and the sight of blood did not make me feel 'queasy'.

During my second month on ward 14 Sister felt that I was ready to do injections. I had no formal training at that time of the procedure but I did know about the equipment needed and had watched injections being given by the more senior students. I was to administer a drug (I can't remember what it was for) by the intramuscular route to the old lady I mentioned earlier with the fractured femur so it could have been for pain. She was very thin and had very little muscle in her thigh which was the site for injection. I was very apprehensive, Sister went with me to make sure that I did it in the correct place. The needle went through the skin quite easily but, O dear, I hit the bone and the old lady squealed, I felt terrible, what had I done? Sister re-assured me that no harm was done, it happened because she had so little muscle. In hindsight the poor lady was a bad choice of victim for my first effort, I have never forgotten that first experience. A lot of intramuscular injections were given as that was the most common method of administering antibiotics, mainly penicillin. I did steadily become more confident as time went on and did several more injections mainly on younger patients with more muscle tissue without hitting the bone. I learnt to do quite a number of specialised treatments, skin preparation pre-operatively 'through shaves' and post-operative treatments which I will not describe in this story. Sister gave me confidence and I felt capable. I enjoyed talking to the patients, I was surprised by the number of women who said that they would love to have been nurses but their parents objected as they felt that nursing was menial work with a status little more than servants. I enjoyed working on that ward and even considered taking up that speciality in the future when I was fully trained.

Every student nurse had a ward experience chart which was presented to the ward sister at the end of the ward allocation which showed which practical treatments and procedures she had seen and/or performed while working on that ward. The sister marked the appropriate square next to a list of treatments, a single stroke if the treatment had been observed and taught and a cross when it had been performed competently. It was expected that every student would have the list completed by the end of three years training and shown to the nursing examiners at the final examination for State registration.

Sister on Ward 14 gave me several crosses which pleased me. She would also have written a ward report for Matron but I never saw it or any of the subsequent reports from other wards during my training.

Before I continue with the next allocation it's a good time to talk about the Hospital itself and the routine. I felt very proud to be working at a well respected Hospital with such a long history and learnt to love the old building and it's Victorian décor which was mainly seen in the long main corridor. Along one part of it hung a number of oil paintings of past physicians and surgeons of the 19th century. At intervals there were thick pillars lined with brown patterned tiles some of which were coming loose and in need of attention.

It was when I walked along that corridor which would have been several times a day, I felt there was a tangible feeling of continuity with the past.

Matron's office was at the upper end. On the wall next to the door of her office was fixed a rather faded dark brown board listing the names of all the Matrons who were in charge of

the nursing staff from the time when the Hospital was first opened in 1779. The names were painted in gold lettering which was also fading except for the last few names which had been added later. When we were summoned to see Matron we first had to stand outside that door in the corridor before being admitted by the Assistant Matron into the first office where she worked before being ushered into the inner sanctum which was Matron's office. Even if one did not have a guilty conscience about some misdemeanour one felt a little nervous when entering due to the importance of the occasion..

At the end of each month was pay day. All the nursing staff had to queue in a corridor which led off the main one and gained access to the Boardroom which was a most impressive chamber. The room was furnished with a long heavy highly polished table round which were leather upholstered chairs for committee meetings. Overlooking the proceedings which went on in that room was a large oil painting of Sir John Ash who founded the Hospital in 1779. Sir Joshua Reynolds painted the portrait of that eminent physician in 1788 specifically to hang in the Boardroom.

At the appointed hour the doors would be opened and the queue of nurses would slowly and silently move past the oil painting giving plenty of time to view it. To me John Ash seemed to be watching over us and willing us to maintain the standards that he set all those years ago. The queue veered left in a U turn to arrive at the end of the table where Matron sat, next to her sat the Assistant House Governor, that person sorted out the brown envelopes enclosed within a shallow wooden box after we stated our names and then handed the named packet to Matron who then handed it to the appropriate nurse. This ritual was always a serious business and done in silence. It was only after we left the Boardroom and in the corridor that we could give vent to our suppressed feelings of excitement when we opened the brown packet and counted the cash and examined the pay slip, then it was back to work. That procedure lasted for much of the afternoon as the ward staff had to leave work in relays so as not to deplete the staff numbers on each ward.

Further along the main corridor was the nurses dining room which had recently been re-decorated in contemporary 1950's style, a complete contrast to the Victorian decor. There was a dark blue ceiling and vibrant yellow walls giving it a modern atmosphere. The dark blue ceiling gave me the impression of being under the night sky. I can't remember how long that we were given for meal times, it may have been half an hour or possibly a bit longer for dinner time which was always in the middle of the day as was customary everywhere at that time.

The ward sister could rarely spare more than one nurse at a time to leave the ward at mealtimes.

After we had been on duty for a couple of hours in the morning between the hours of 9-30am to about 10-30am we had a tea break when we were expected to go to our rooms and change our aprons, I don't know why that time was chosen. Our starched white cotton aprons were only changed once a day unless they became obviously contaminated, there were no disposable aprons.

The senior nursing staff insisted that we have our breaks for mealtimes and we took the full allotted time, no one was allowed to miss a meal, we were treated a little like children, fortunately we were always hungry as we used up so much energy and everyone ate heartily. We were very well fed, four meals a day with three courses at dinner-time. Sometimes I had second helpings of pudding if there was a surplus. and I never put on an ounce of weight, I was only about 7 stones during my time working at the General Hospital, nobody talked about dieting except when planning diets for medical conditions for the patients when working.

There was a routine which happened on most wards (not the children's) especially the long Nightingale wards on Monday afternoons. All the nursing staff helped our one cleaner and the one orderly to clean the ward floor. Firstly all the beds and lockers on one side of the ward were pushed into the middle space leaving one third of the floor clear which was then swept and polished, the floor was composed of wooden boards.

The next process was to use a lumpy semi-liquid polish called 'Ronuk' which was 'sloshed' about with a wooden implement from a large tin which was then rubbed in using a thick cloth under a bumper, this was a heavy block of wood which was fixed to a long broom handle. Next another bumper was used with a similar cloth for polishing off. We enjoyed this cleaning interlude. Although the bumper was heavy, once started it gained a momentum of its own and we could build up a rhythmic movement backwards and forwards which was quite enjoyable, it didn't require any mental activity and was stress free. The patients stayed in their beds and chatted to the people in the opposite beds without having to shout across a wide space, they also enjoyed the change of routine. The beds were then pushed back and the same process repeated the other side, I'm not sure if that happened on the same afternoon or the following week.

NIGHT DUTY.

The next allocation was Ward One, male surgical ward, my first spell of night duty. First I had to move to another room in the Night Nurses part of the Nurses Home away from the noise of traffic from outside in the street. We were expected to go to bed at 3-0pm so as to be wide awake for our night shift even though we had slept the previous night. Home Sister would sometimes check that we were in our rooms at that time even after a day off or nights off. We went on duty at 9-0pm. I'm not sure if we arrived a quarter of an hour earlier to allow for change over from the day staff. Supper was served in the dining room before arriving on the ward, I never got used to eating it after sleeping during the day and having dinner in the middle of the night. Ward one was the only ward not to have been updated due to the objection of the consultant surgeon who was virtually in charge of the ward as many of his male patients were nursed there. There were no curtains which could be drawn around each bed, wheeled screens had to be moved about every time a patient needed privacy. The consultant believed that curtains swishing about caused infection and refused to have them fitted. The sluice room was old fashioned, there were no automatic bedpan washers, fortunately for me most patients only needed 'bottles', urinals, during the night. There were normally only 2 nurses on each ward on duty at night. We worked 9 nights consecutively and had 4 nights off, 3 nurses were allocated to each ward but one of us was on nights off, one first year junior, that was me, one second year student and the most senior was a third year student nurse. On two nights during the rota there were three nurses, one was working her last night who overlapped with the nurse who was working her first one back on duty. The rota was planned so that the junior nurse was never left on her own during meal times when there were only two nurses. Dinner time lasted for three quarters of an hour and being left alone was a very frightening experience as I discovered later in my 2nd year. Night sister did several rounds during the night and was available if problems arose, she had several wards to supervise. When she did a round of our ward I had to stand at the ward entrance and watch the lights. There was a system of coloured lights which indicated if Night sister was needed urgently by another ward. The system was also used to call for medical staff. I can't remember the sequence of lights for night sister but when she was needed elsewhere I had to go and inform her, she then had to ring the switchboard operator to find out where she was needed.

The nights seemed very long, 11 hours from 9-0pm to 8-0am. with a break for dinner after midnight. After the patients were settled down for the night and the routine work was done we could sit down at the nurses' table which was situated near the ward entrance with the light pulled down low so as not to disturb them. The patients who needed more attention were near the nurses' end of the ward where there was some light to observe them, the rest of the ward was in darkness, the patients at that end usually slept better as they were farther into the recovery period.

I disliked having to go to the rooms at the far end which was where the sluice and sterilising rooms were situated, if any of the men wanted a bottle it was my job to go and fetch it from the sluice room in the dark, once in the ancillary rooms I could switch on the light. I still had childish notions of the dark and the supernatural especially in that gloomy old ward. When I was on the children's ward I heard stories of how a few nurses had 'seen' an apparition of a nun leaning over one of the children's cots which at the time I thought was quite feasible as the ward was built on the site of an old abbey. Once I mistook a pair of crutches leaning against the wall as a 'ghost' standing next to a patient's bed

There were two side wards where the very ill patients were nursed or those who may have needed isolating for various reasons. There was one man who I remember very well as he was the first patient that I experienced who was terminally ill. He was a very nice middle aged man who had been admitted for surgical removal of rectal cancer. The operation was called an abdominal perineal excision which was a major operation which left the patient with abdominal and perineal wounds and a colostomy. This gentleman needed frequent changes of his dressing, one night I was asked to observe the procedure. I was appalled at the large cavity which was seen as the nurse lifted the upper buttock to repack the wound which had broken down due to sepsis. It seemed to extend several inches into his lower abdominal interior. A night or two later that gentleman spoke to me and thanked me for caring for him, he was perfectly composed and serene. I felt slightly embarrassed and guilty that he had thanked me as I had very little to do with his nursing care, the senior nurse was responsible for him. I did not know what to say to him I just smiled and held his hand, a few days later he died.

There were some routine jobs done during the night which were common to all wards. We made dressings, cut up squares of cotton gauze which were folded in the prescribed way, made cotton wool balls for swabs and rolled up 6 inch rolls of cotton wool for wounds when more absorbency was needed. These were packed into metal drums ready to be sterilised the next day (autoclaved).

It was my job to prepare for the early morning teas for the patients and lay up the breakfast trolley for the day staff.

Our busiest time was from 6-0am to 8-0am. Firstly I took the temperatures of the patients and recorded them, then made and served the early morning cups of tea sometimes with the help of a willing convalescent patient. Next it was the bottle round, I carried those in a white enamel bucket, bedpans were in a heated trolley, they were made of stainless steel, cold to touch if not warmed before use so I had to remember to plug in the trolley about half an hour before needed. Next bowls for patients to wash themselves in bed. Ill patients were washed by the nursing staff sometimes if possible before 6-0am if they were awake but it was against the rules but there was such a lot to do before the day staff arrived at 7-30am that rules were bent on occasions. We also had to make all the beds on one side of the ward leaving the other side for the day staff. As the patients were still in the beds and couldn't get out for various reasons it took longer than making empty beds. The senior night nurse then gave the night report to sister while I hurriedly tidied up, then we able to go off duty and eat a full breakfast in the nurses dining room.

That first allocation of night duty was fairly short as we then had to attend lectures in the School of Nursing for about 3 weeks to complete the list of nursing procedures that we should know about for the coming State Preliminary examination which was taken early in the next year, this was called the first year block. It was necessary to pass that examination before we could continue our nurse training

My nursing note book states that block started on 10th November.

The School was situated in a separate building a short walk from the main hospital along Loveday St. It was housed in an old building called Bethany House, it had smoked blackened brickwork due to its industrial environment. As well as the Nursing School it provided accommodation for the Ward Sisters so that they could be socially separate from the nursing staff in the main nurses home.

Our nursing studies were supervised by the senior nurse tutor, Sister Cooper. She was a pleasant intelligent lady who understood my quiet reserved personality and gave me a wonderful boost to my self-confidence in my second year as I shall explain later. She was assisted by a younger sister tutor whose name I cannot remember but she was a good teacher. In the class room we were sat in given positions in alphabetical order as in P.T.S. which later dictated our national registration numbers when we had passed the final examinations to become state registered nurses.

We learnt more nursing procedures, the use of water beds and steam tents, how to perform simple dressings, urine testing, observation and collection of specimens of body fluids and how to catheterise female patients. (male patients were always catheterised by the doctors). We also learnt how to perform last offices after death, that is laying out the body in a dignified manner and how to deal with the paper work involved. We learnt about the giving of intravenous fluids and the basics of blood transfusions and blood groups. There was time to revise anatomy and physiology and hygiene. Psychology had recently been added to the curriculum so we were taken to Nuffield House at the Queen Elizabeth Hospital to join their students for psychology lectures from a Psychologist who talked way above our heads, I didn't understand anything that he tried to teach us, fortunately we were not to be tested on the subject.

Although lectures did not start until about 9-0am we worked on the wards from 7-30am where we were needed to help with the bedmaking and the patients breakfasts, we had to work our full 48 hours a week so no lying in bed for another hour before school time. There was one concession, we had every weekend off. At the beginning of December we were back to work on the wards..

I next worked on ward 8 which was male orthopaedic but I was only there for about a month probably to fill in for a shortage of staff as it was not my planned 3 months allocation which happened much later in my 3rd year, I remember very little about working there except for Christmas and the preparations leading up to it.

There was no holiday or days off for any of the staff on Christmas day so that the work of caring for the patients was shared out between everyone using a full complement of staff which meant there was time for each of us to enjoy the day, we had a wonderful Christmas the best one that I had ever experienced

I was not involved in the planning of the decoration of the ward being the junior and being a member of staff for a limited period. Each ward competed to be the best decorated and was judged by a senior member of staff, I don't know who it was. In the middle of every ward was a large chest with a table top usually where the flowers were displayed this is where the tableau was placed. The planners among the nursing staff chose a theme eg. a snow scene, a jungle or a pirate ship, some nurses were very artistic and had innovative ideas. I seem to remember that ours was a jungle scene. There was probably a Christmas

tree but my memories on that occasion are rather hazy, I do know that I had a wonderful time.

I remember particularly Christmas Eve, there was a choir of nurses and doctors going to each ward and singing carols, they carried lamps and the nurses wore their capes inside out to show the bright red lining which made them appear very festive. The ward lights were dimmed and it was quite an emotional experience.

I saw one student nurse holding the hand of a young man who had fractured his spine after having an accident while driving his sports car, I'm not sure whether she had any intentions towards him but he would have been very eligible after his recovery, or perhaps she was just posing, several other people noticed them.

Every Christmas Eve we were allowed to walk through the city in our uniforms warmly wrapped in our cloaks to attend St. Martins Church in the Bull Ring for the midnight service. Although I had stopped going to Church I went along with Lorna and a large number of other nurses as it was such a novelty, not usually being allowed. It must have been an amazing sight to see us walking along the streets at that time of night in full uniform. There were some cheeky remarks from young men in the crowds in town and there were some wolf whistles but it all added to the excitement. We didn't get much sleep that night as we still had to be up and on duty at 7-30am.

Christmas day was very special, there was the routine breakfasts, cleaning, bedmaking and nursing procedures all completed rather quicker than usual as there was a full staff. Later in the morning a consultant on each ward visited the patients with his family then he carved the turkey while sister stood at the heated food trolley and served the dinners. We nurses stood in a queue with trays to deliver a Christmas dinner with all the trimmings to each patient. The ward sister knew exactly the appetites of each patient and their dietary needs and served the meals accordingly.

There was a very happy atmosphere, we, the patients and nursing staff enjoyed ourselves. During the afternoon the visitors joined the patients for tea and the visiting time was extended for an extra half hour.

Our Christmas dinner was held later a few days after Christmas, we were served by the doctors and sisters as a special treat.

During the last days of the year there was a staff entertainment in the recreation room. The resident doctors, housemen and registrars put on a wonderful show which was very funny in the style of a pantomime. The jokes were related to various senior members of the medical and nursing staff, poking fun at their little quirks, we all roared with laughter. I don't know how the doctors found the time to rehearse as they worked extremely long hours. I seem to remember that the show was held for two evenings as of course not everyone could attend the same night, the few doctors who were not performing were left to look after the patients and deal with any emergencies.

I left ward 8 at the beginning of January 1952, a whole year had passed and I was looking forward to my second year and feeling more confident.

PART 2 1952.

The first two and a half months of 1952 were spent working in Theatres. Sometime during those months I took the State Preliminary examination and passed it, I remember very little of that important stepping stone to state registration to become a qualified nurse as I had no worries about it. I think all of my set passed as I don't remember any failures, anybody who had dropped out of training had already gone.

Working in theatres was an interesting experience

I reported to the theatre superintendent who was a nursing sister and worked in Theatre one and supervised the student nurses. She appeared at first to be rather stern and she had a strong Lancashire accent. She told me to follow around the slightly more experienced student nurse and work in the sterilising room which was adjacent to theatre one, there was a window set in the wall dividing the two rooms. It was used for general purposes and for cleaning the instruments and setting up the trolleys containing the new sterile sets ready for the next operation on the list.

The first week was spent getting to know the routine and the duties of each member of staff. All student nurses first learnt to be the runners, we fetched and carried anything that the scrubbed nurse requested, usually the theatre sister who was assisting the surgeon by handing him the instruments etc. I was terrified of not being able to understand what she needed due to her accent when speaking behind her mask, the item requested was often needed urgently, fortunately I did not make many mistakes, there was usually another runner to help out.

Our first job before each operation was to assist the surgical team by tying the tapes at the back of their green sterile gowns after they had scrubbed up their hands for ten minutes under running water. Next we had to hold the sterile glove packs being careful not to touch the inside so that the surgeons could put on the gloves without touching the outer paper package. While the operation was in progress we the runners had to pick up the used swabs (gauze squares) and lay them out to be counted which was an important job to prevent any being left inside the patient. There were some larger gauze swabs which had a metal ring attached so that they could be seen on X-ray in case of problems post-operatively. The surgeons were inclined to drop the blood stained swabs on the floor and we had to scabble around between their legs to retrieve them. Any instruments dropped had to be recorded as they all had to be counted at the end of the operation before the incision was closed. We had to be alert at all times especially listening for sister's requests which could be a bit stressful. At the end of each operation after the patient was transferred onto a trolley and wheeled out we had to quickly clear the theatre and remove everything that was used into the sterilising room for cleaning, wash down the table and prepare for the next patient on the list. The instruments had to be carefully scrubbed to remove blood which collected and dried in the serrated parts of the artery forceps. There was usually a team of three or four nurses who were not 'scrubbed' who worked in each theatre, all of us at different stages in our training.

The duties of the scrubbed theatre sister or nurse was as already mentioned to hand the instruments to the surgeons but she also had to prepare the suture needles needed for stitching and fix the surgical blades onto the handles, the blades were changed quite frequently.

In between the operations we were expected to learn the names of all the instruments used which was a very long list. There was a general set used for all operations then extra sets according to the part of the body needing attention e.g. an amputation set.

The best time to learn them was when they were being cleaned. I have no written notes about theatre work as it was not covered in the school of nursing, we learnt on the job, it was a speciality, most of the knowledge learnt was not needed in general nursing but it was an experience which was very valuable in understanding surgical nursing.

I have a few unforgettable moments, one morning it was my turn to make the coffee for the surgeons and sisters. As there was no instant coffee at that time, coffee grounds were boiled up in a large saucepan over a gas ring in the sterilising room and then poured through a sieve into a large jug. I lit the gas ring carefully, blew out the match and threw it into a bin. Unfortunately the bin contained some cotton wool swabs soaked in ether and they caught fire, the enamel bin was filled with flame. I didn't panic as I knew there was a bucket containing a weak solution of Dettol mostly water close by so I threw it onto the flames and extinguished them straight away and carried on making the coffee. Afterwards with some trepidation I did tell theatre sister and explained what happened emphasising that I had blown out the match. She listened and looked thoughtful and then agreed that I had taken the correct action. It could have been a disaster, the room was adjacent to the theatre and an operation was in progress, I was the only person in the sterilising room at that time.

Another memorable occasion was when I was a runner while a very notable senior surgeon was about to perform a haemorrhoidectomy. He had a very loud voice and frightened both the nurses and medical students, he expected instant response to any request. As he sat at the tail end of the patient ready to start he raised his index finger of his sterile gloved hand and expected the nurse to know what he wanted which was sterile Vaseline out of a jar which the runner held out for him (he could not touch the outside of the jar as it was unsterile) I had watched him on a few occasions when he had humiliated nurses who were not ready, I was not going to let it happen to me.

When he was about to start I watched for the signs and was there ready standing at his side but not noticed by him, he was about to shout 'Nurse' with a deep breathe in finger at the ready when he saw me as he was about to bellow but suddenly stopped harrumphed and then was silent, no more was said. At the end of my allocation on theatres, sister told me that he said that I would make a very good theatre sister, that was praise indeed from Mr Baron Rose the same consultant who refused to have ward one updated and didn't like curtains.

Another day an amputation of a leg was being performed. The patient had an enormous sarcoma (bone cancer) of his knee joint and the leg was to be amputated through the hip joint to eliminate the chances of the cancer spreading. As the operation progressed someone had to hold the leg as it was severed from the body, that was my job that day. It was very heavy and wrapped in sterile green sheets. I was instructed to take it into the sterilising room and remove all the instruments which were hanging from the tissues at the severed end. I was alone at the time there was nowhere to lay the leg I could not put it on the floor so I had to tuck it under my right arm and un-clip the artery forceps etc. with my left hand, it required a great deal of physical effort. I then wondered what to do with it when a theatre porter arrived and took it from me, I was very relieved. I don't know what he did with it but I'm sure it wasn't put straight into the incinerator it would have been an interesting specimen to keep.

One morning, it was February 6th someone entered the operating room and announced that King George VI had died, there was a few minutes silence as we carried on working and then the surgical team talked quietly about the King and his health which had been of serious concern in the weeks leading up to his death. A lot of conversation went on while operations were performed often in a light hearted manner.

The nursing staff when not working a full day shift had a split shift which meant that we had the afternoon off duty and worked during the evening, this was necessary to be ready

for any emergency surgery. Quite often when we had a quiet evening we tested and repaired surgical rubber gloves, there were no disposable gloves.

We first blew into the gloves which expanded like balloons and held them against our cheeks to test for any escaping air. If there was a leakage that hole had to be repaired by sticking a small rubber patch made from an old glove over it then the gloves were placed in packs again ready to be sterilised by autoclaving. The autoclave was in the basement, all dressing, gloves and some instruments were packed into metal drums which were perforated to allow entry of steam under pressure. This work was carried out by porters employed for that job. After the items were dried out with hot air the perforations in the drums were closed again and ready for use.

My time in Theatres was cut short by two weeks as the ward which was my next allocation was short of staff and I was needed there. The theatre superintendent wanted all nurses to have the experience of being the scrub nurse. She was anxious that I would not miss it due to the move so she arranged for me to be the scrub nurse for an appendicectomy and a partial gastrectomy under her close supervision. The first operation for removal of appendix was fairly straight forward and took about half an hour, only the general set of instruments were used and I knew most of those. I was rather slow preparing the sutures which were contained in glass phials which needed to be broken to retrieve them, the glass phials should have snapped easily in half but they didn't always break evenly. I also had difficulty fixing the Bard Parker blades to the handles as the blades first had to be removed from their outer pack, the runner having to open it up and drop the blade onto the sterile area among the instruments. Sister could not help me in a practical way as she was not scrubbed but she was there to supervise, give instructions and encouragement. Fortunately the surgical team were very patient, if there had been any grumbles from anyone she would have sharply reprimanded him.

The next time that I scrubbed was for the partial gastrectomy which lasted for up to two hours, that was more stressful. The team was led by the consultant and assisted by the registrar, house surgeon and a dresser (medical student) Sister stood over me the whole time and acted as my runner if I needed anything extra. More instruments were needed apart from the general set most of which I was fairly familiar, I had watched several gastrectomies being performed. All went well there were no complaints and I was pleased when it was all over. Sister was a very good teacher.

We did have daily cleaning sessions at the end of the list when we helped the theatre porters to clean the operating room. All movable items were taken out and the floor were hosed down after buckets full of a solution of Lysol was thrown over it and was then scrubbed with long handled brooms, the water was then brushed into the drain in the centre of the room with squeegees fixed to broom handles. This was good fun, we wore Wellingtons as we were paddling around in water. Periodically the walls from the ceiling down would also hosed.

Although I found the theatre experience stressful I did enjoy it and was interested.

I received a good report but did not want to be a theatre sister, there was no contact with the patients and I missed that, it was not nursing in my opinion, I was working as a technician.

Meanwhile after passing the preliminary nursing examination my set were moved into the new nurses home. It had very modern rooms and facilities with fitted light wood furniture and a divan bed, heaven after what we had been used to in the old home. The buildings was built only a few years earlier There was also a kitchenette on each floor so that we could make hot drinks, usually tea. We bought our own teapots and crockery. Sometimes we gathered in each others rooms for tea and a gossip with whoever was off duty at that time.

My room was on the front of the building facing onto the busy Steelhouse Lane. Viewed from my window was the Central police station directly opposite across the road with Newhall St. off to the right and on the corner was the Juvenile court, there was plenty to see if I had the time. There was one drawback which didn't worry me much, that was the noise of the trams rattling up Steelhouse Lane at 5-30am each morning except Sunday, I didn't need an alarm clock to wake me up to start work in the early mornings.

I did have one shock about that time, my friend Lorna who had the next room to mine suddenly left after being bullied by a staff nurse on ward 11 the male medical ward which also had a strict sister, a ward I dreaded working on. I had just finished a morning shift and called in to see Lorna, she had gone with all her possessions, the room was empty, I discovered later that she had enough of the senior staff's bullying and walked off the ward and went home that day after seeing Matron, I never discovered the full details as it was some time before she contacted me but I do know that she went back to nursery nursing, worked in Devon, where she met a man who was old enough to be her father, married him and lived in Barnstable, she sent me a photo of her wedding.

Ward 6.

Working on Ward 6 had far reaching consequences which will be revealed later.

It was a male surgical ward including some beds for surgical and trauma emergencies and the 'written for' cases such as repairs of hernias and menisectomies (removal of torn ligaments from knees). It was run very efficiently by a young friendly sister and rather a haughty staff nurse. As a second year student nurse I was not the most junior there was one or two first year students as well, I did share much of their work but I was given more responsibility and I felt more confident. During the first couple of days working there we admitted two youngish men both aged 29 years and both with perforated duodenal ulcers which were surgical emergencies and would have led to peritonitis and death if not treated urgently I was asked to accompany one of them to theatre and stay until the patient was anaesthetised. During the next day I was responsible for giving him one fluid ounce of water every hour and recording it on the fluid balance chart, the next day he was to be given two ounces of water hourly but I was allowed to add some Ribena during the afternoon. This regime was standard practice in those days, to-day patients would be given intravenous fluids.

I was told much later that Ribena tasted like nectar and the patient never forgot it.

I had little to do with the other man admitted the same day, he was Irish and I thought that he was rather cheeky, my patient was quiet and rather reserved..

The afternoon of the third day was blanket bath time for the ill patients and those who had recently had their operations. I had a choice of doing the two new patients and chose the quiet one. It seems odd in retrospect that I had not blanket bathed a youngish male patient well into my second year but the opportunity had not arisen, so I was rather shy and nervous, what could I talk about? I couldn't remain silent during the lengthy procedure so I talked about myself and my birth in New Zealand and the journey from that country to Britain when I was 4 years old. He listened with apparent interest but said nothing much in reply. He did tell me about his bandaged hand caused by an accident at work a week earlier during his first week working for that company. He had been taken to the Accident Hospital where the laceration had been stitched, the stitches were still *in-situ*. I felt that he had experienced a run of bad luck and felt sorry for him. I did bath another patient that afternoon but I remember nothing about him, we were expected to do two blanket baths during the afternoon.

In the next bed to my patient was the man who had his leg amputated while I was working in theatres, the leg that I had to deal with after it had been severed from his body, he was slowly recovering.

The morning ward routine started at 7-30am. The day staff gathered in Sister's office after she had received the report from the night nurse. We stood around her desk while she read from the report book and informed us of any changes in the patients condition, we were expected to know about everyone, their names, diagnoses, treatment and progress. This was also the time when we were allocated our jobs for the day..

The daily ward routine then followed with bottles and bedpans, carrying bowls of water to those who could wash themselves, recording TPRs (temperature, pulse and respiration rates), 'doing the backs' that was the prevention of pressure sores by massaging the sacral area and heels with soap and water then applying methylated spirit and talcum powder. We also had to empty and clean the sputum pots and then add some disinfectant to the bottom of the mug, a very nasty job, they were needed as patients often developed chest infections following surgery. One nurse was delegated to be the enema 'queen' who administered soap and water enemas to any patients who needed them, I took my turn. There was also the cleaning to be done and we all had to help with meals, we were kept very busy. Even during visiting time there was no rest as we had to retreat into the sluice room and clean the screen and trolley wheels with turpentine, a messy job. There was no where that we could sit down during our shift.

Although much of the work was basic care I was becoming more confident and given more responsibility. When patients were returned from theatre they were still unconscious for an hour or two following the anaesthetic and had to be carefully watched. They were placed in bed in the recovery position and had an airway inserted through the mouth and over the tongue to keep open the patients air passages, there was the danger of swallowing their tongues. That airway was either spat out or just fell out as the patient recovered consciousness, they were sometimes confused for a short time and occasionally would struggle not knowing where they were. They would often feel sick and vomit so we were kept quite busy caring for them and then make them comfortable once they were fully conscious, that part of the work I really enjoyed when they were at their most vulnerable stage, I felt that I was making the patients feel better and doing something worthwhile. As they recovered from surgery they were gradually moved up the ward to the end near the ancillary rooms. Some were able to get up and walk around after about a week which helped in their rehabilitation. There was a friendly atmosphere in the ward engendered by Sister herself and the staff nurse, I did describe her as being haughty but she had her favourites among the staff and the patients and she could not act in a bullying manner with such a friendly sister in charge, I got on very well with both of them which was a great help later.

One morning the man who I had blanket bathed about 8 days ago wandered into the sterilising room while I was emptying the steriliser at the end of the morning after the dressings had been completed. First I had to remove the instruments from the hot water with long handled Cheatles forceps and dry them he asked what I was doing said "it looked like fishing" I explained and he stood and watched me until I had finished cleaning the steriliser and refilled it, then it was dinner time. On his 10th post-operative day he was due for discharge and when getting dressed he asked me if I would like to go to the Theatre with him one evening. I was surprised and felt quite flattered, no man had ever asked me out before. I said "yes please" without any hesitation. No date was planned at that time but somehow I got the message that I was to meet him at the top of the Bull Ring at a time given for the following week. Unknown to me he had written to the ward sister and asked

her for my off duty specifically stating an evening. I was then able to use his first name Tom, until then he was Mr Talbot.

As I walked towards him he was standing outside the Times furniture shop (now Waterstone's) my first impressions were how old he looked, he was dressed in a heavy navy blue overcoat and a trilby hat, he still looked pale and not well after his operation. We just said hello and he told me that we were going to the Alexandra Theatre to see 'The Highwayman' starring Margaret Lockwood which we thoroughly enjoyed. We then walked back to the Hospital returning well before the Nursing home door was locked at 10-30pm. I don't know what we talked about but we parted company opposite the Hospital on the corner outside the Juvenile court building said bye bye to each other without making a further date, it was a friendly meeting but nothing romantic happened. There were further meetings and I was to discover much later that the ward sister and staff nurse acted as intermediaries

There were many more evenings out and they became more frequent and I'm pleased to say that he never wore that trilby hat again and as he became stronger he looked younger again. He was 29 and I was only 18 he seemed so much older than me but as time went by that feeling gradually diminished and I hardly noticed the gap.

As Spring turned to Summer and the evenings lengthened we visited Cannon Hill Park fairly often, the Lickey Hills occasionally, went to the cinema when the weather was wet and often had coffee and a Chelsea bun in Lyons Corner shop in Victoria Square. We walked around town, sat in the Hall of Memory gardens until after dark then back to the Hospital before 10-30pm.

I gradually began to get to know Tom much better and met his family who lived in Shirley. He talked a lot about his experiences as a soldier in the second half of World war 2 when he worked as a radio operator. He had been to Egypt, Libya, Algeria and Italy with the 8th army. After only a few months he asked me to marry him which was a great surprise as I had not fallen in love with him at that time, it was too early. I replied "No, I was going to be a Nurse in New Zealand when I was fully trained" He seemed undeterred and at first said that he would go with me but as I became to know him much better I knew that he would not leave his family and do so.

At the end of my allocation on Ward 6 in June, I went on holiday with my mother and sister for 2 weeks to S.Devon. I enjoyed the holiday and wrote to Tom 2 or 3 times. I still have one of the letters which he kept. When re-reading it to-day it is a friendly letter but not romantic but it meant a lot to him and I still keep it with his treasured mementoes.

On return from my holiday I had to do second year night duty. I was allocated to ward 13 a female medical ward. I was the middle nurse of a team of three as described earlier, this meant that I would be in charge of the ward for four nights while the senior nurse was on nights off. The thought of it terrified me I felt that I was not ready for the responsibility. I knew that night sister was not far away but I did not want to appear incompetent.. The first few nights I worked with the senior third year nurse and learnt about the patients and the ward routine. It was a busy ward known as being 'heavy' meaning that there were a number of ill patients needing more attention during the night. It was the usual long Nightingale ward with a couple of side wards.

During those first nights I had my first taste of being alone while the senior went for her dinner. While she was away I walked several times round all the patients with my torch worrying about whether the diabetics were just sleeping soundly or slipping into comas

either hypoglycaemic or hyperglycaemic, I had not yet learnt how to nurse them, I was very tempted to wake them up and see if they were conscious but thought better of it and hoped that they were alright. I did learn a little more about diabetes during the 8 weeks that I worked on that ward. I was also worried about the intravenous drip bottles, were they going too fast or too slow. I frequently checked them knowing that if the bottle ran through too quickly there was the danger of air entering the patients veins leading to death, the thought horrified me. The problem for me was that I had not yet done my second year training block which would have included medical lectures from a consultant physician and included the management of diabetes, that came straight after the night duty

The four nights that I was in charge were very stressful, firstly I took the report from the sister or staff nurse who had been in charge that evening then I did a round of all the patients and spoke to them and saw that they were settled for the night, that was a good way of getting to know anyone who had recently been admitted that day that I had not met before. I was expected to know every patient, their diagnosis and details of medication and other treatments which was very daunting especially if the night sister did an early round within in hour of being on duty which happened occasionally. On the whole the night sisters were supportive and understood if I forgot a few details, they already knew who the ill patients were and concentrated on those.

I don't remember any disasters, I was continually alert to any changes in the patients which needed to be reported and constantly on the move round the ward.

As ward 13 was so busy we surreptitiously washed the ill patients earlier than the official time of 6-0am but only if they were already awake, there was such a lot to do before the day staff arrived at 7-30am. I also had to write the night report in a large ward report book and comment on each patient and state any changes in their condition. Half of them I only needed to write 'slept well' but others needed a more lengthy entry and that took me longer than it should have done keeping the day sister waiting when she arrived at 8-0am when I had to give her the night report and eventually leaving about half an hour later .

I was very glad to be off duty and go to bed even in that gloomy night nurses home where we slept to be away from the noise of the traffic in Steelhouse Lane.

I did sleep well during the day. Once I had arranged to meet Tom in the Bull Ring after he had left work at 5-0pm. and I over slept. I dressed hurriedly and flew through city running as fast as I could but he had gone, I was half an hour late and he had gone home, that was when realised I really cared for him. We could only have had a couple of hours together before I had to return to the Hospital for the next night on duty.

It was quite a relief when the senior nurse returned from nights off and even better when the junior returned as well when there were three of us for just one night in the nine nights rota. Unfortunately for us on that night if another ward was very busy one of us could be sent to help them, three nurses on a ward at night was excessive in staffing terms. On the other hand, if we had only two and were particularly busy one night we could borrow a nurse from another ward that had three.

During my four nights off duty I had more time to spend with Tom, sometimes I would go to his home and at other times I would go to Coventry to my home.

Tom and my mother got on quite well together in those early years and she welcomed him. During the weekdays when he was at work I went shopping into town and then met him in the evenings, he took every opportunity to be with me foregoing his evening dinner at home in Shirley, the time with me would have been curtailed if he had returned home for dinner and then back into town, every night even when I was on nights off I still had to be back in the nurses home by 10-30pm. Occasionally we would have to leave a cinema before the end of the film to be back in time. Nurses could have an extra half hour pass but no more than one a week and that was with permission from the Home Sister. On special

occasions a 11-30pm pass was granted but permission was only given by Matron and she wanted to know where we were going and who would be escorting us, I never asked for one as Tom had to catch the last bus to Shirley before that time. Those of us who had late passes could not get into the nurses home as the doors were locked, we had to assemble in the conservatory and wait for a night sister to unlock the door.

Eventually the three months night duty ended, I had gained some confidence when being in charge of the ward when the senior was away on nights off and I was then ready for something new. It was a relief to be on days again.

My next allocation was Ward 20 where medical research was carried out. It was a small ward with no more than 20 beds, half of them female and the other half male in separate wards on each side of a wide corridor, there was also a side ward and clinical rooms. The consultant in charge had a special interest in rheumatoid arthritis and the juvenile form called Still's disease, his other interest was gout an allied condition. We did not have any medical emergencies admitted all the patients seem to have been selected for various reasons mainly for the diseases from which they suffered. The ward was run by an elderly Sister (in my opinion, she was probably in her mid 50's) who must have been very clever but uncommunicative and didn't have any teaching sessions with the nursing staff. She worked very well with the consultant and his team. The staff nurse was friendly but I didn't learn anything new from her about what went on in the ward and the reasons for the investigations performed on the patients. I had a slightly uneasy feeling about working there, what was going on when some tests on selected patients were done behind closed doors when only Sister helped the consultant and his team in a side ward, it would have been better if we had some explanation of why the tests were being performed; what ever was happening took all morning. One of those patients was a Welsh farmer with gout whose hands were grossly deformed with large swellings in his finger joints showing white chalky deposits through the skin, I'm sure he would have agreed to anything for a cure of his condition otherwise why travel a long distance to Birmingham instead of attending a nearer Hospital in Wales?

Another patient who was not subjected to special tests was a little girl aged about 6 years old, she suffered from Still's disease. She was the only child in a ward of about 10 beds with older ladies who were at least 40+. I felt that it was an inappropriate place for a young child, there were no other children, our paediatric ward was closed, patients transferred to the Children's Hospital. The ladies were very kind and petted her but she started to talk like them in the manner of a middle aged woman. As far as I can remember she was only being treated with medication for pain. Her mother did visit her at the normal visiting times.

We did have 2 ladies at separate times who were admitted with terminal kidney failure, both in their 40's, they were nursed in the side ward, one after the other as the first one passed away. Both suffered from grossly swollen legs and abdomen caused by water that could not be excreted from the kidneys, they must have suffered dreadful discomfort which was partially relieved by inserting needles into the tissues attached to tubing which drained away some of it, this treatment was called paracentesis. This happened before kidney dialysis which was introduced only a few years later and might have saved those ladies. They both had similar personalities and both used 4711 perfume which for years afterwards when I caught the scent on other people reminded me of death. I was told years later that some of the early experiments with kidney dialysis were started at the General Hospital. I did learn two procedures while on ward 20, how to lay up a trolley for paracentesis and care for the patient receiving it and how to do E.S.R. tests. First of all Sister took specimens of blood which were mixed with an anticoagulant to prevent clotting, (she was the only

senior member of the nursing staff to be trusted to do so by the consultant), then we did our part by sucking up some of the blood into a narrow test tube which was marked in millimetres, the blood to reach the level of the top mark (being careful not to suck too hard into our mouths). The next process was to wait one hour and then measure the level at which the blood cells settled from the serum and make a note of it. E.S.R. tests were used to measure the effectiveness of the medication given to the patients with arthritis, if the level of sinking blood cells was high it was a sign of the body's reaction to infection. These tests were done daily, I don't remember that we ever did them on any other wards. There was one job which I have not mentioned which was common to all wards and that was daily urine testing. There were no dip sticks at that time, testing was carried out using chemical solutions. It was important to test the urine of diabetics daily for sugar and acetone, the method used for sugar was Fehlings test. one inch of urine was put into a test tube and in a second tube was 1" of Fehlings solution, these were then heated to boiling point over a lighted spirit lamp then poured together, if there was no change in colour – no sugar, if there was a change to green, red or orange that indicated sugar was present in varying amounts, a deep orange meaning 'loads' of sugar written down as ++++. To test for acetone we used Rothera's test-

Notes taken from my Nursing note book –

Put 1" of urine in a test tube, add ammonium sulphate crystals and shake until a saturated solution is obtained. Add 5 drops of nitro prusside and ¼ " of strong ammon forte. If it turns a reddish purple colour acetone is present.

This always took a lot of time especially if we had several diabetics. There were also tests for blood, albumen, bile pigments and pus but these were done less often except for blood. In busy medical wards there were clinical rooms set aside for testing also used by medical students in other wards we had to make room in the sluice rooms.

At the end of August I left ward 20, I had been fairly happy working there but pleased to leave as the next few weeks were devoted to second year training block held in the School of nursing in Loveday St. behind the Hospital and run by a wonderful tutor called Sister Cooper and an assistant tutor whose name I can't remember.

As I had every evening off I had lots of time to see Tom but I had to reserve some evenings for studying and writing up the days notes in my nursing note book. Our relationship grew stronger and he understood that I could not see him every evening. When we returned to the Hospital after our evenings out we said our goodbyes in the hospital courtyard which had a number of secluded corners due to the fussy Victorian architecture. It was in these alcoves that we spent several minutes before I had to leave him and rush up the Hospital corridor before the door of the Nurses Home was locked. It was quite amusing to see that we were not the only ones using those hidden corners, there were other courting couples, nurses and their boyfriends saying their goodbyes as well and we all left at the same time. Second year block was very interesting but I wish we had it earlier in the year then I would have known more about diabetes when working nights on Ward 13 and I would have been less stressed. The timing was arranged to fit in with the following two sets of students who joined later in the our year of entry, our set were the first ones, this meant that we then had a class of 30-40 students.

We had lectures from consultant surgeons and physicians about medicine and surgery emphasising the nursing care that they expected for their patients, we had lectures on pharmacology which was then called materia medica and we learnt lots of new nursing procedures. The assistant tutor was a young Sister who was a very good teacher and held our attention, we learnt about assisting the Doctor with lumbar punctures, sternal punctures and all about artificial feeding intravenously, through gastroscopy tubes and nasal tubes,

also paracentesis which I already knew about from Ward 20. There was a lot about pre-operative and post-operative care including the management of drainage tubes and colostomies, a list of post-operative complications and how to spot the early symptoms, procedures to washout body cavities including gastric, colonic and rectal washouts and the care of patients on traction for fractures of the lower limbs. There were also lectures on nursing infectious patients including barrier nursing, genito-urinary nursing and the care of patients with urinary catheters and how to do bladder washouts. There are many pages of notes that I wrote up during those few weeks and lots of lists of requirements to lay up the trolleys for every procedure, all to be learnt and remembered ready for our state final examinations the next year. We also had to learn some archaic treatments including the application of leeches as they were still on the curriculum. This provided quite a few laughs as our tutor had a sense of humour.

Sister Cooper the senior tutor planned a project for us all to take part, she divided the class up into groups of four and said that she had chosen the group leaders for particular reasons. I was surprised to learn that I was to be a group leader and our job was to research and write a project on 'Cancer', each group had a different subject.

I was rather alarmed at first about how I was going to organise the group. I didn't feel confident to be a leader. My strategy was to divide the parts of the body that are more commonly affected by cancer and give each of us a section and write about the treatment and nursing care, I was to write the introduction and conclusion. The other students agreed and we all got to work. Sister Cooper was a great help to me, she didn't tell me how to do it but made suggestions that I visit the Pathology and Histology Departments and the Xray Dept. and tell them what I was proposing to do and ask them if they had any interesting specimens for illustration. They were very helpful and said they would find some good ones and put them aside for the presentation day.

The big day arrived and with great trepidation for me I stood in front of the class and presented the introduction followed up by the other girls who read out their contributions and I showed the specimens, e.g. I had obtained from the Histology Dept. a pickled male breast showing an invasive cancer clearly seen in the tissues. There were also several Xrays of special interest. Each group was given about half an hour to present our projects so it took most of the day, then we all had to vote on which was the best and most interesting. I was surprised to notice that no other group had any visual displays. The votes were counted by a show of hands and my group had the most. That gave me an enormous confidence boost. I felt wonderful.

I then guessed that Sister Cooper had chosen me as a leader as I was the quietest girl in the class and needed a little 'help' I am forever grateful for her suggestions, she must have been a wonderful psychologist as well as an excellent teacher.

The second year training block probably lasted about six weeks, I did not add the dates of the lectures as I had done during the first year and the notes were not checked and marked, we were expected to take notes accurately which were necessary for our final examinations. The time of the year was coming up to Christmas and I remember that I was on the male orthopaedic ward for a short time which couldn't have been my next allocation as I also worked on that ward in March of 1954 as I have good reason to remember..

Although I enjoyed working there with another young friendly Sister over the Christmas period and I did work on Christmas day, I had Boxing day off duty and went to Tom's home, I think he came to pick me up in his father's car. The Christmas festivities were very different there from the atmosphere at the Hospital, much quieter, I only went to please Tom.

The following allocations to wards in the next year are all a bit of a blur, as events away from the Hospital were changing .

1953.

At the beginning of January we were issued with our new blue dresses which denoted that we were more experienced senior students and it gave us a feeling of superiority over those who still wore the blue stripes.

Sometime during the early part of 1953 I became engaged to Tom, it seems strange now that I do not remember the date as we had no celebrations. He had given me a lovely engagement ring of three diamonds of which I was very proud to show everyone. I wore it on duty for a few days although it was against the rules but no senior staff noticed, it was my decision to stop wearing it when it slipped off my finger and I nearly lost it in a patient bed clothes. I had given up the idea of going to work in New Zealand as I knew that Tom would not settle there and leave his family. He lived at home with them and helped to work in their small market gardening business when he was not working as a weighing machine mechanic for Avery's in Digbeth. I had the feeling that his father must have resented the fact that Tom spent such a lot of time with me instead of helping in the garden.

I can't remember the sequence of the next ward allocations for the whole of that year but I do remember that I had at least two sessions on Ward 8 the male orthopaedic ward which was a trauma ward rather than pure orthopaedics, we did not use the word trauma at that time. I discovered that I rather liked nursing trauma patients which later lead me on the specialising in Casualty work. I did one session of night duty acting as the middle nurse again which I enjoyed and felt much more confident than I did earlier on ward 13. It was not so busy as there were quite a number of young male accident victims who slept all night and did not require much attention they had been patients for several weeks in traction for fractures in the lower limbs, men with head injuries had to be monitored more closely and their were patients who had received internal injuries. There was sometimes one or two empty beds reserved for emergency admissions. I had developed quite a good rapport with the patients by that time. Quite a lot of the men wanted to smoke after lights out and the day staff had gone, it was against the rules but they pleaded with me to let them have a last cigarette, I did relent at times as long as they promised to extinguish them immediately when I gave the word that night sister was on the way, which they did promptly and pretended to be asleep.

I also spent a session of working on days with an excellent Sister who was a model of a caring nurse. When working an evening shift with her the last job before the night staff arrived was to do a late round of the patients which she liked to do with one of the nurses, often it was me, when she settled each patient down comfortably for the night speaking kind words to them at the same time. This routine took nearly an hour and I should have been off duty at 9-0pm. but often it was nearly 10-0pm. when I left the ward and I knew that Tom was waiting for me to spend an hour together before I had to leave him at 10-30pm. He waited patiently on the corner of Newhall St. and Steelhouse Lane where I could see him from my bedroom window, I opened up the sash window and waved to him so that he knew I would be there as soon as I had changed out of my uniform, sometimes it was barely 20 minutes that we had together but he put up with it without complaint, he had been home to Shirley and back again just to see me for such a short time.

Another allocation was to ward 23 which was a 24 hour ward mainly for patients who had been transferred from Casualty and were not fit for discharge and needed observation, often head injuries people who had been drunk at the time of injury. This was a new concept at the time. The ward was situated in one of the temporary buildings close to Casualty and next to the old children's ward which had been closed. I did not enjoy that ward as there

was no time to get to know the patients and our main occupation was remaking the beds after arranging discharge. I didn't stay there long.

I felt that I was very lucky to have missed the notoriously busy medical ward with the bullying senior staff from where my friend Lorna made the decision to leave nursing.

I also missed working on the private patients ward as the sister in charge appeared to me to be a bit of a dragon, elderly and one of the 'old school' of sisters, I may have had the wrong impression but I dreaded working there and never got to know her. I also believed whole-heartedly in the new National Health Service and that no patient should have extra privileges in a general hospital and be pampered just because they could afford to pay for extra services.

There was also the third year training block when we had lectures on the specialities such as gynaecology of which I had practical experience early in my first year, E.N.T. of which I did not and never would have during my training time and ophthalmology when we visited the Birmingham Eye Hospital for lectures. Practical nursing lectures were given by the assistant tutor after listening to the theory from the specialist consultants We learnt how to syringe ears but I never did it in practice until I was in my 40's and working in occupational health in the car industry.

We had the opportunity to experience different types of nursing in preparation for the time when we would be qualified. I was sent to a district nursing centre in Sparkbrook and spent several days accompanying a nurse as she visited her patients in their homes, that was quite an eye opener for me as regards their living conditions in back to back houses. I then spent a few days with a Health Visitor and sat in on a baby clinic which she ran apart from visiting the homes. I was not attracted to either of their jobs but was grateful for the experience

At that time the general public expected all nurses to be able to deliver babies but I did not plan to do midwifery as I would be newly married and did not want to take another year of training to be doubly qualified as a nurse/midwife. General hospitals did not have obstetrics departments for training midwives, students had to find maternity hospitals that ran training courses.

Throughout the year I was gaining more practical experience and becoming confident when dealing with patients. As a third year student nurse my duties were doing dressings every morning, taking round the medicine trolley doling out the prescribed medicines, laxatives for those that needed them and medicines for abdominal discomfort if required, a mixture called Aqua Menth. Pip. which was a peppermint mixture to disperse wind. There were very few medicines that nurses could give without a Doctor's signature even simple pain killers such as aspirin and paracetamol. I also did the injection round mainly for administering penicillin Although I was occupied doing more specialised work I did not refuse to fetch a bedpan or bottle for a patient if it was requested urgently, the junior staff were often busy at the time.

There was one incident that I do remember when working on a surgical ward one afternoon. There was a myth that we should never put red and white flowers together in a vase as there would be a death in the ward, I did not believe it and did so that day. Only hours later we had two deaths one was expected but the other was a post-operative patient who had been recovering well from his operation and suddenly collapsed. A Doctor was called immediately who rushed in just in time to confirm the patient's death, there was nothing that we could do. We did not have a procedure of C.P.R. (cardiac pulmonary resuscitation) at that time, the patient had a pulmonary embolism. I never again put red and white flowers together.

My off duty periods were spent with Tom planning for the future wedding and shopping during my afternoons off when on split shifts. I spent a lot of time in Lewis's Department Store as it was only a short walk from the Hospital. As Tom and I had little to spend it was going to be an economy wedding. There were going to be difficulties as we set the date for March the next year which was well before I took my final examination the following June 1954 and that I would be not yet 21 years of age and needed the permission of my Mother. She agreed but warned me of the problems which could arise as Tom was 11 years older than I was. The reason for setting the date in March was financial. Men marrying in that month could receive a tax rebate for the preceding 12 months which to us was very important, we needed the money, that loophole was closed only a few years later. Next I had to get Matron's permission. Student nurses were generally not allowed to marry until we had completed our training and passed our final examination There had been one student a few months earlier who had set a precedent and been given permission so I was not expecting a downright refusal. I was feeling fairly brave when I made the appointment with Matron. She listened to my reason for setting the date in March, her first remark was "I thought that you were a good little girl" and then went on to explain that I would have to continue to live in the Nurses Home and complete my third year senior night duty and that I could have no extra holiday. I was undeterred and agreed to all the conditions, she then reluctantly gave her permission.

Tom also agreed as I had already explained to him what would happen, he so badly wanted the tax rebate which was a substantial amount to us and did not want to delay the wedding until later in the year. I could have one week of my holiday allowance for the honeymoon. I also needed Sister Cooper's permission the senior tutor as my training was not complete, she was delighted for me and congratulated me on my engagement.

1954.

As I was not yet 21 years of age I was not allowed to take the final examinations with my set of students, I had to wait until June after my 21st birthday in May, the others sat the exam in February. There was one week of revision in the School of nursing when I did join them before that month, we also had a mock examination when we had exam questions from past papers. There were practical tests when real volunteer patients were used who were men convalescing after surgery, they found the experience interesting and amusing, they would whisper helpful hints to us picked up from previous students who had made mistakes. There was a viva voce when we were questioned on theory, it was all very stressful but good training for the real thing.

During the first three months of my allocation I was yet again on ward 8 male orthopaedic which I enjoyed. I was the most senior student nurse and feeling very confident and in a high state of excitement. Everyone knew about my wedding preparations including the patients. A few days before the big day on March 13th there was a countdown by the men starting 3 days earlier. As I arrived on duty in the morning and stood at the ward doorway there was a chorus of patients shouting 'Only three days to go' I beamed at everyone and blushed but enjoyed the friendly greeting, this continued for the next two mornings. I had invited all my set of nursing students still left, 10 of us. A few could not attend as they were on duty. They had a collection to buy me a wedding present which was a six piece tea set and some Pyrex ware.

My wedding day was wonderful the happiest day of my life, all went well and we spent a week's honeymoon at Barton-on-Sea on the south coast where we stayed at the home of one of Tom's aunties,. The weather was cold and windy but that was not our main honeymoon that was spent at Lynmouth, N.Devon in June after I had taken my final exams and while I was waiting for the results, that was idyllic, we stayed for 2 weeks and the weather was marvellous..

As I had not done my full senior night duty I was allocated to ward 2 a busy female medical ward. This was the spell of nights which Matron said I had to complete and have to live in the night nurses home while working. The only time that I was able to see Tom was on my 4 nights off which I spent at his home, he had no complaints as he had his tax rebate which satisfied him. I enjoyed working on ward 2 and felt confident of dealing with most problems which arose. On the whole I had no worries, the ward sister was very supportive and if there was a problem which the night sister could not resolve, she would do her best to find a solution. For instance there was a lady who was suffering a great deal of pain in her back from secondary deposits following breast cancer. Every time she moved she complained loudly and screamed at times and there was much groaning. Other patients were complaining of being disturbed and losing sleep saying that she was making a fuss. She was receiving what should have been adequate pain relief but it wasn't working. There was a reason that she was not in a side ward but I cannot remember why. The ward sister talked to the doctors and relatives, her medication was changed but with little effect on her suffering. She was a refined Austrian lady who spoke very good English, I would like to have known her background, how long had she been here in Britain and when did she arrive? It was only a few years since the end of WW2., was she a refugee? There was never an appropriate time to talk and get to know her properly, it disturbed me to see her in constant pain and I could do very little to help her. These days she would have been in a Hospice receiving modern pain relief.

While working on ward 2 I was revising for my final examinations during nights off. It was the end of May and the weather was very good, dry and sunny. I would take my books to the bottom of the Talbot family's orchard beyond their garden and sit in the long grass. It

was very quiet the only noises, birdsong and the rustling of the leaves in the woodland over the fence, and ideal place to concentrate the mind.

The mock examination that we took earlier in the year was a very good preparation for the real thing. Although I was apprehensive I was not too worried, I did no late cramming and none the 24 hours before the big day the 2nd June.

While I was waiting for the results I was next allocated to Casualty on days. If I passed my finals while working there I would be staying to work as a Staff Nurse for as long as I liked. I did pass the examination and stayed for a further 4 years..

The results were waiting for me when we returned from our holiday in Devon, there was a brown official looking envelope and written on the back of it was 'Congratulations' from Sister Cooper, she had forwarded it to me at my new address in Shirley, a lovely surprise after a wonderful holiday

CASUALTY.

Casualty was the name that was used before the department was re-named the Accident and Emergency Dept. I understand that it was changed in an attempt to discourage patients from attending with non-emergency problems. In the 1950's there were still people living within a short walking distance from their homes to the Hospital arriving with complaints that would be normally dealt with by a GP. today. The houses have long since been demolished. As the Hospital was situated in the centre of the city it was convenient when people had minor accidents which had often become infected, people's health and hygiene were not so good as the present day.

There were quite a number of frequent attenders, homeless men who attended with any excuse to sit in Casualty for a rest and keep warm. Our wonderfully kind nursing superintendent actually kept a 'Samaritan cupboard' fully stocked with second hand clothes to be given to those men when their own had become too dirty and tattered to wear any longer, she gave them a full set of clothes for which they were very grateful. That kindly sister was awarded the M.B.E. for her services to nursing which was well deserved, her name was Sister Cunningham. Right from the start when I first arrived while waiting for my final results I got on very well with her and she taught me a great deal about nursing in a busy Casualty Dept.

It soon became apparent to me that I enjoyed working as a Casualty nurse and that it was going to be my speciality for the rest of my career. Sister Cunningham was very pleased when I received my results and had assumed that I would choose to stay there and work as a staff nurse one of a group of 6 to 8 others with varying levels of experience.

The whole department was divided into sections each presided over by a junior sister, dressing clinics, a theatre for suturing wounds, a plaster room and a consultants clinic. There were actually 2 theatres, one for clean wounds and minor surgery and the other for dealing with septic conditions, including the incision of breast abscesses and dealing with infected wounds on any part of the body. There was a large room called 'Front door' where the patients were seen first by a nurse and then the doctor, emergency patients brought in by ambulance were taken into one of the 10 separate rooms situated close to the main entrance. Front door was supervised by the most senior sister on duty who was usually Sister Cunningham.

As I was the most junior staff nurse I spent a lot of time on the dressing clinics, Tuesday and Thursday for clean dressings, Monday, Wednesday and Friday for septic dressings and every afternoon for the septic hand clinic. Each patient was reviewed by a doctor before a new dressing was applied. I became very good at bandaging fingers with one inch roller bandages well before Tubegauz applicators became available and applying dressings on

any part of the body to stay in place until the patient's next visit. All that practice of applying dressings to stay in place was very important when working on Front Door. When the 'walking wounded' arrived in Casualty they were first registered by the clerical staff and then sat in a queue on a long line of seats in the large waiting room. We the nurses called them in about six at a time and we then assessed their injuries and medical problems, wounds were cleaned and then covered with a temporary dressing fastened with one strip of elastoplast, anybody bleeding heavily were brought in ahead of the queue by the clerical staff. There were several cubicles for patients who needed to remove any of their clothes. Two doctors sat at their desks in full view of the queue and called them to be seen individually. Attached to the consulting area was the injection room where one nurse was kept busy all day giving anti-tetanus and penicillin injections. The patient was then sent either to the Theatre for stitching or to one of the nurses for a dressing, bony injuries were sent straight to the Xray Dept. which was close by. If we felt that any patient should be seen more urgently we were expected to direct the doctor to the patient in the cubicle, sometimes they were a bit reluctant to leave their seats and we were expected to firmly emphasis the urgency to them, I was a bit diffident at first when telling a doctor what to do and asking them to see a patient out of their turn in the queue, I was not used to it when working on the wards, even junior doctors were treated with respect. I soon became experienced in assessing the patients needs which was a good training for working in the emergency rooms where patients were brought in by ambulance.

During the evenings there were no clinics so when I worked an evening shift I joined the staff working in those rooms where I gradually built up experience of dealing with patients who were more seriously ill or who had been involved in accidents. The ambulance personnel were not paramedics so little was done en route to the Hospital apart from essential first aid, there was an ambulance at every Fire Station so patients brought from road traffic accidents (RTA's) and fires were brought in by the firemen who attended the incident, the usual ambulance men transported the people who were taken ill from their homes, this arrangement was changed only a few years later. When the patients arrived they were quickly assessed by a nurse and directed to an empty room, we did not have a designated resuscitation room. CPR (cardiac pulmonary resuscitation) was not used in the early 1950's resulting in patients dying before they arrived which was not an uncommon occurrence. If a patient had already died they were not taken out of the ambulance, a doctor accompanied by a nurse were called to go out and examine the patient and confirm death. As much information was obtained as possible about the deceased person who was often alone when an accident happened or they were taken ill, all that we had to do was fill in a BID form (brought in dead) for the Coroner's office and the body was taken to the City Mortuary in Newton St. off Steelhouse Lane.

Each room was equipped with an examination couch, a dressing trolley for cleaning wounds and piped oxygen fixed to the wall together with suction apparatus. If any additional equipment was needed there were trolleys set up in a separate room e.g. the fracture trolley on which were a variety of splints etc. and a drip trolley for giving intravenous fluids and blood.

During that first year in Casualty when I was a trainee staff nurse I gained a lot of experience with a wide variety of medical and surgical emergencies and accidents. On the Front door Dept. there were a lot of industrial accidents, young girls who had chopped off the tips of their fingers while working as press operators due to inexperience. The heavy press machines were used for cutting metal shapes for a variety of purposes and the machines were not guarded at that time. Depending on the amount of tissue loss they were treated either with a 'Jelonet' non stick dressing or in more severe cases by skin graft

over the amputated end. All of them were given anti-tetanus injections and then followed up in the clean dressing clinic until the finger tip had healed.

A lot of patients attended with septic fingers around the nails called paronychias. These were treated with magnesium sulphate ointment until they were ready for incision in septic theatres together with intramuscular penicillin injections for at least 3 days. At the appropriate time the pus was released by incision or the nail removed, this was carried out with the finger having been 'frozen' with a ring block given as 2 injections at the base of the finger which was often quite painful in itself but at least the patient did not feel the incision or nail being removed. The latter procedure was quite nauseating to watch no matter how many times I saw it done. All those patients were followed up in the septic dressings clinic until they were healed.

There were a lot of lacerations especially on the hands which needed suturing. We as nurses were not taught to suture wounds that was left for the medical students for them to gain experience in surgery, a qualified doctor sutured the more complicated wounds.

There were disadvantages for nurses working in teaching hospitals as we were not expected to be able to take blood pressure readings or suturing, the teaching of medical students took priority over the nurses for those practical procedures, nurses in non-teaching hospitals were taught how to do them but we did gain in other ways as we were being taught in a more prestigious hospital which would help our future prospects in our careers.

There were many people with various problems who turned up on Front door, too many to list but I do remember one particular incident. Three rather grubby looking children turned up unaccompanied by an adult, they would have been about 5 years old, one was clutching a dirty looking piece of note paper on which a parent had scribbled a note stating that the children had picked up a used 'French letter' (used condom) from the gutter and sucked it, he or she had been worried about infection. The children were sat in a cubicle on an examination couch with legs dangling over the side looking quite unconcerned, we did not undress them but called a doctor to see and talk to them and he decided that nothing could be done as no parent had arrived, so he wrote a note on the same piece of paper and sent them on their way to travel back the way that they had come and instructed to give it to a parent. They did live close to the Hospital in one of the back streets behind our premises.

As time went on I worked more often in the emergency rooms where I learnt to cope with any emergency problems that came through the door by ambulance.

Before I regularly worked on rooms I did see a patient following an accident which profoundly shocked me. I was working on Front door when I was told there was a serious case in room 2 and it was suggested that I go and see what was going on. The sight which met my eye was appalling, there was a young man aged about 30 lying flat on the trolley looking very pale but his legs were missing, they had been amputated under the wheels of a train. He was a railway worker at New Street Station and had been working on the track when he slipped as a train was approaching, the wheels had gone over his legs. When I first saw him he was lying quite still, the stumps of his legs looked like meat as seen in a butcher's shop window, he had stopped bleeding. He was surrounded by medical and nursing staff, a porter was standing the other side of the trolley holding his hand.. He was about to be taken straight to Theatre to have his stumps 'tidied up' and his blood had been taken to the Path. Lab. to be cross matched for blood transfusion. As I walked into the room I heard him say quite clearly and calmly "I knew that I had lost my legs as I saw them on the other side of the line", he then went on to say "I lost my wife three weeks ago and I have two small children" at that point I could feel tears welling up in my eyes, I couldn't stay any longer and retreated to the linen room and wept for a few minutes before composing myself and continued the work on Front door. I have never forgotten that young

man. A couple of years later when I was working in the consultant's clinic I met him again, he was sitting in a wheelchair, smartly dressed in suit and tie and looking well but I did not have a chance to ask about his family and the children, he had not yet been fitted with his artificial legs.

We had a wide range of emergencies, the only exceptions being eye injuries which were taken to the Eye Hospital and severe burns which went to the Accident Hospital. We did have our share of trauma but most of the accident cases were taken to the Accident Hospital. Medical and surgical emergencies were our 'bread and butter' cases. The surgical ones were often patients with acute abdominal pains appendicitis being very common. Most of the medical emergencies had been sent to us by the G.P.s with letters addressed to the R.M.O. (resident medical officer) who had been previously informed by the patient's doctor. Other were brought in often unconscious after strokes or epileptic fits. etc. All patients were seen by the doctor on duty usually junior doctors initially and then referred if necessary to the more senior registrars. Those sent by their G.P.s by-passed the junior doctor, the R.M.O. was telephoned on their arrival, that was our responsibility. Other groups of people had taken over doses of tablets and other poisons including small children who thought that their Mum's tablets were sweets. We had a number of frequent attenders especially epileptics whose condition was not well controlled and intoxicated people who were brought in mainly at night. As Birmingham was an industrial city we had a lot of works accidents and even injured coal miners, there was still a colliery at Hamstead which was well within the city boundaries.

We did not have many elderly people but I do remember a few old ladies with fractured femurs. We considered people in their 60's and 70's being old, it was very rare to have anyone in their 80's.

As each patient was brought into one of the emergency rooms we initially made a visual assessment and then undressed them, the nurses undressed the female patients and the porters the males. If the patient was badly injured they were first seen by a doctor as the clothes would probably have to be cut off especially those with leg injuries.

All female patients were chaperoned by a nurse when examined by the doctor which could be time consuming but it was a marvellous opportunity to learn the signs and symptoms of illnesses and injuries when listening to the interchange of questions and answers between the doctor and patient, I tried in my mind to make a diagnosis but never made suggestions to the doctor, that would have been very presumptuous of me. I remember once diagnosing a patient with a ruptured spleen following an accident before the doctor came to the same conclusion. We also helped the doctor if he needed assistance with the male patients.

Prior to the doctors examining the patients they needed to be cleaned up, most of the blood washed away and in the cases when the patient had been incontinent while unconscious, they also had to be washed and made presentable.

The type of patients that we least liked to treat were those who had attempted suicide by taken over-doses of medication especially aspirins and paracetamol which were readily available in shops over the counter. Sleeping tablets which were prescribed for the patients for insomnia associated with depression were often used in serious attempts at suicide, aspirins were the choice of young girls whose boy friends had deserted them and did not seriously want to die. It was particularly distressing when we had to wash out a small child. At least two nurses were needed to help the Doctor to wash out a patient's stomach so it was time consuming when there were other patients to be seen. Firstly the patient was strapped down on to the trolley with the explanation that it was necessary to stop them falling off hoping that we could allay their fears. Next the Doctor passed a thick rubber

tube down the throat into the stomach which was particularly distressing as they often vomited and struggled, if not held firmly down they pulled out the tubing and the procedure had to be repeated. Then warm water was poured into an enamel funnel until it had emptied into the stomach and then it was inverted over a bucket to allow the fluid to run out and hopefully wash out the tablets. That was repeated a number of times until two gallons of water had been used and then the tubing was removed. If the patient was unconscious an anaesthetist had to be called to pass an endotracheal tube to block off the trachea so that water and vomit could not enter the lungs. We hated this procedure, it was messy as water and vomit often flooded onto the floor when we paddled in it and it was hard work holding the patient and trying desperately to re-assure them with little success. It was a relief for all of us when the tubing was removed and the patient cleaned up. When washing out small children who had sampled their parents medication thinking they were sweets we had to wrap them in a blanket, and firmly hold them which was exhausting. A much smaller funnel and tubing were used and less water. Although the whole procedure was distressing for everyone we were taught and believed that it was necessary to save lives, I was doubtful at times when the patient had only taken a few tablets more as a cry for help than an attempt at suicide. It was still illegal in the 1950's to take ones own life so anyone who attempted and failed were liable to prosecution. If the police were aware that we had an 'overdose' in the Department they hovered around in the corridor outside the room waiting to arrest the patient when they were discharged, fortunately we nearly always admitted them for observation and firmly told the police that they were not well enough to be interviewed. We felt that it was disgraceful to harass anybody who was already distressed for a variety of reasons. That law was repealed in 1961. then it was no longer an offence to attempt suicide. I was very pleased to discover that in recent years patients' stomachs are no longer washed out, other methods of treatment are used.

The most satisfying treatments for the staff and the patients were those suffering from acute allergic conditions and diabetic patients who were un-conscious due to hypoglycaemia (low blood sugar) For people with severe allergic conditons such as anaphylatic shock (severe allergic reaction) and acute asthma, adrenalin was admininstered by injection mainly with dramatic positive results, except in the case of cardiac arrest when it rarely saved the patient's life.

The diabetic patients in hypoglycaemic comas were given intravenous glucose, the results was even more dramatic as the patients returned to consciousness in only a few minutes and then discharged home.

Another rapid response treatment that I learnt about was the treatment of tetany (spasms of the muscles especially in the hands due to a biochemical disturbance caused by hyperventilation, 'overbreathing,' caused by acute stress) The treatment was very simple, re-assurance and getting the patient to breathe in and out into a paper bag. The spasms were quickly relieved in minutes and there was a huge sigh of relief from the patient who had been extremely distressed. One particular case that I remember wa a young man, a waiter in a night club just before Christmas who had become very stressed due to the seasonal extra work load. I found this treatment very useful when I worked as an occupational nurse in the car industry many years later.

Another major group of patients were those from RTAs (road traffic accidents), accidents in the home and those in public places. The RTAs were often the most seriously injured including young male motor cyclists with head and leg injuries. No safety helmets were

worn and there were no seat belts in cars, people were not so aware of health and safety as the present day.

When a serious accident case arrived, the patient was quickly assessed on the ambulance trolley then directed to the nearest empty room, the casualty doctor called and then it was all go, as many staff as possible helped to carefully move the patient onto the examination couch, the airway was checked, the amount of bleeding noted and we looked for any gross deformity of the limbs before undressing the patient and then checked level of consciousness. Clothes often needed to be cut off especially for serious leg injuries which were common. Wounds bleeding heavily were examined and pressure applied when necessary then cleaned up to see the extent of the injury. If the patient was unconscious from a head injury the anaesthetist may be summoned and the trauma registrar for all major accidents. An intravenous drip of normal saline would be set up in readiness for blood transfusion if necessary after blood was taken for cross-matching. The patient was then taken to the Xray Dept. with a nurse to help the radiographer if the patient was seriously injured. In cases when there were fractured limbs these were splinted. For a fractured femur a Thomas's splint would be applied which was composed of two metal rods which fitted each side of the leg, a leather covered metal ring at the top which fitted around the groin. The rods then tapered down to below the foot to a cross piece where a cord would be tied ready for traction. The leg was cradled on wide pieces of flannelette which were clipped onto the length of the splint. Before the splint was actually placed over the leg two wide pieces of Elastoplast were applied to each side of the leg at the end of which were two cords. This method of splinting was used to try and stretch the leg in an attempt to make the fracture more stable, the doctor pulled the cords and tied them to the end of the Thomas's splint. The procedure was very painful so the patient had been given a strong analgesic usually morphia if the patient did not have a serious head injury as well.

Compound fracture of the tibia and fibula were common in cases of patients falling from motor cycles, a dressing was applied and the leg carefully splinted with a padded box splint which was then bandaged into place.

Meanwhile the patient's condition was regularly monitored especially if they had a head injury. Blood pressure and the pulse were taken and the eyes were examined to check the size of the pupils which would indicate a deterioration of a head injury in the cases of unconsciousness.

The room in which we were working was not big enough to accommodate everyone who was working and when it came to checking the patients property by two nurses there was little room to move which irritated the medical staff at times when we got in the way. There were strict Hospital rules about the care of patients property everything had to be listed to the last penny and every small insignificant item written in the property book. We had to empty every pocket and handbag which was time consuming and took up valuable working space in a confined area. Any amount of money over the value of £5-00 was placed in the Hospital safe. This was done even if the patient was fully conscious after an explanation of the reasons for doing so, mostly they agreed as they were so stressed that they did not want to object, I remember only a couple of cases when the patients, often women did not want us to go through their handbags. I personally thought that it was an invasion of their privacy and privately agreed with them but I had to follow the rules. The lists of property were again checked with the ward nurses on admission.

When the patients was finally stabilised they were taken to the ward accompanied by a nurse. Relatives would have been informed if a telephone number was known or in more urgent cases by the Police if an address was available. In cases of unknown un-conscious

patients the Police would attend and take a rough description of approximate height and appearance of the person and inform us later if and when they found the relatives.

We were not always busy dealing with patients, sometimes the rooms would be empty and only a short queue for Front door. There was the routine work such as cleaning and most importantly checking equipment and replacing it when necessary, that was done twice a day once by the day staff and again by the night staff. Drugs were checked twice daily, especially the DDAs (dangerous drugs such as Morphine and Pethidine), those were checked by counting each tablet when there was a shift change, the Sister or Staff Nurse in charge who was holding the drug cupboard keys did that with the incoming senior nurse who was taking over and receiving the keys.

The nurses who were allocated to the injection room had to check each used needle by inspecting the point, rejecting those which had a bent hooked end and then pushing through air from a syringe to make sure that they were not blocked. The used needles were then placed in a specially made container to be autoclaved by steam and used again. There were no disposables at that time. The glass syringes were used many times over by boiling them in the steriliser.

We had a plaster room where plaster casts were applied to fractured limbs by two technicians and a Sister in charge but it was not open during the evenings and weekends which meant that the nursing staff had to apply the plaster casts for wrists and ankles, it was a messy job using wet plaster bandages which had to be done quickly before it stiffened after moulding. We never completely enclosed a limb leaving a narrow soft strip so that it could be easily removed by cutting through it in the cases of swelling after application. Rings on fingers would have been removed when the patient first arrived in Casualty, if necessary by using a ring cutter if the fingers had already begun to swell. It was fairly common for a patient to have fractured their wrist and there was an obvious deformity, a Colles fracture, when the shape of the hand and wrist resembled the shape of a dinner fork. These fractures needed to be re-aligned (reduced) under anaesthetic which was performed by the Casualty doctor in our own Cas.Theatre. The anaesthetist was called to administer the anaesthetic which was fairly light and the Doctor would pull the wrist into the correct position while a nurse pulled in the opposite direction at the elbow and then the plaster was quickly applied while both were pulling to keep the position, quite a tricky job manoeuvring between two pairs of hands maintaining the traction while another nurse tried to get the plaster applied correctly, tempers were sometimes a little frayed due to the speed at which the procedure needed to be completed.

If in the cases of injured ankles which had been Xrayed and no bony injury was found they had to be strapped with Elastoplast, that was the nurses responsibility.

Elastoplast being very sticky stuff which needed to be left for about 10 days before removal created problems for people with very hairy legs, mainly men. We did first apply a layer of stockinette but that would not have been enough to reduce the pain when it was removed. Although we were not obliged to first shave the leg we usually did so.

It amused me to see the look of consternation on the men's faces when I approached them with an old fashioned open razor, I explained that I was very competent in the use of that deadly looking instrument and assured them there would be no lacerations, gradually they relaxed when it was found that I was telling the truth.

There were many other types of emergencies e.g. epistaxis (nose bleeds) and foreign bodies in ears, cotton buds or beads. Foreign bodies were also found up noses, beads in the cases of children, and in a few odd cases in adults they were found in unmentionable parts of the body, we did not go into the reasons for their insertion.

After 12 months working in Casualty I became a fully qualified Staff Nurse having completed 4 years and eligible to receive my Hospital badge together with my contemporaries, all the nurses who started training in 1951. These were awarded at a formal ceremony and presented by a medical professor in the company of Matron, the House Governor and Sister Cooper the senior tutor. Parents were invited to attend and to my surprise my mother came in spite of the fact that she did not want me to be a nurse. This was also the ceremony when medals were presented to the best nurses of each year. A group photograph was taken of all the recipients and dignitaries in the conservatory and later published in the 'Nursing Mirror' the main nursing publication. (see group photograph).

I continued to work in Casualty for a further 3 years. In 1956 when I was still only 22 years old I was offered the post of Casualty night sister which had recently been created, prior to that time the department was only supervised by the general night superintendent. It would have meant that I would have had to work 10 consecutive nights and then one week off. I was very proud to have been offered the job but I had to turn it down. I had been married for just over 18 months and it was unthinkable for a young married woman to be away from her husband especially during the nights. The customs of the times were that married women stopped work and became housewives and mothers. My husband's family were very conservative in their attitudes to family life and I was still living with them.

In 1957 Tom and I were able to buy a house, we had saved up a large deposit and able to obtain a mortgage and moved in on August 15th. By that time I was not interested in furthering my career but still enjoyed working in Casualty so I asked Sister Cunningham if I could work part time, that meant 40 hours a week instead of the normal 48 hours, working just one evening a week, she must have been feeling in a good mood as she readily agreed and even gave me a small housewarming present of dusters and a tea towel. It was very unusual to have a part time staff nurse who was married at our Hospital but times were changing, as far as I can remember there were no married sisters. Many other hospitals had to make changes before we did and introduced married part time nurses to keep up their complement of staffing levels. That same year I became pregnant in the autumn and continued to work until the end of April 1958. Sister Cunningham was particularly kind and allocated me easier work when I could sit down occasionally such as working in the trauma consultant's clinics when I met some of the patients that I had met as emergencies and treated on the days of their accidents in earlier times.

When I finally left work I was given lots of presents from the nursing and clerical staff for the expected baby. I had loved working there and was sorry to leave but looked forward to the future of being a housewife and mother never expecting ever to return to work.

POSTSCRIPT

I did return to work in the same department at the General Hospital 8 years later in 1966. One day while shopping in Birmingham with my 2 children I decided to visit the Accident & Emergency Dept. to show them where I used to work I met the new nursing superintendent Sister Gadd who I had known as the ward sister on ward 8 (male trauma) in 1953 when I was a third year student. Sister Cunningham had retired. I was unexpectedly offered the post as part-time staff nurse working 2 nights a week from 9-0pm. to 6-0am. It was a very tempting offer. I discussed it with my husband Tom and decided to take up the offer and started only a short time later in September.

There had been plenty of changes while I had been away, nurses were then allowed to take patient's blood pressure, a central sterile supply department had been set up, no more trolley setting as there were sterile dressing packs and disposable instruments and there were disposable syringes and needles, the steriliser had been removed. Cardiac pulmonary resuscitation was now used for cardiac arrest and as time went on I learnt to do ECG's. There were no back to work courses to update my knowledge so I had to pick up those new skills the best way I could. At first I felt quite incompetent but did eventually feel more confident but not to the same extent as I did 8 year earlier. I worked there for 14 years continuing the 2 nights routine which fitted in very well with my family commitments. After both my children left secondary education I wanted to work on days full time but change the type of work, so I applied for a job as an Occupational Health Nurse at Austin Rover at Longbridge which was offered to me especially as I had so much casualty experience. I started in July 1979 immediately following working my month's notice at the General Hospital. I found the work interesting, it was mainly concerned with the prevention and accidents and illness due to work, the injuries sustained by the workers were trivial compared to what I had previously experienced. I worked there for 5 years during which time I studied for and gained a new qualification as an occupational health nurse That required me to attend the College of Nursing for initially 2 weeks and then day release for a total of 2 years, included visits to other industries and a working coal mine. I also did a short course on treating eye injuries at the Wolverhampton Eye Hospital.

Shortly after gaining my new certificate I retired early aged 52 to care for my husband who had developed Parkinson's disease

A few years after my husband passed away I decided to become a volunteer at Selly Oak Hospital in 2005 and to my surprise I was given a job in the A & E. Dept. doing clerical work in the reception office, I was delighted and readily agreed. Although I do not have much direct contact with the patients I enjoy working in an environment which is so familiar to me. When I first arrived I discovered that I was remembered by one of the nursing sister who had been working at the General Hospital where she was a staff nurse. The emergency services had been moved from the General Hospital when it was closed to Selly Oak Hospital so I am now virtually working for the same organisation even though it is now at the new Queen Elizabeth Hospital. I shall carry on while I feel fit to do so.

